Sister, Heal Thyself

(Quote from an unknown sister of African origin.)

It seems virtually impossible to discuss sexual healing at this particular stepping off point in the stream of our collective lives. Sisters of color seem to be a focal point for daily assault and battering, physically and emotionally. More importantly, we seem to draw sexual assault to us like a heat-seeking missile. High-tech sexual weaponry has been most recently displayed by Sister Anita (Hill) battling for her honor and integrity against the likes of Clarence Thomas and by Desiree Washington, holding fast to her faith, defending and charging into the great (no more) heavyweight champion chump, Mike Tyson.

On a less publicized scale, we all must deal with the life-threatening enemies: rape, incest, sexual harassment/innuendo, molestation, invalidation, and even, abnegation. These are, to say the least, some formidable, mentally-crippling, soul-ripping, and ass-whipping foes. Like it or not, we are soldiers in the battle of life and war has most definitely been declared on our most intimate, most personal selves—our sexual selves. Our wounds are deep, the pain intense. Yes, it is hard to imagine a healing of any type. The only doctor in the house is us.

Personally, I have endured every last laser burn of sexual shit thrown my way. I experienced "date rape" at 19, when there was no such word to describe this horror. I know the trials and tribulations of Sister Anita. I was painfully reminded, while she was testifying, of my own silence and shame at being continuously harassed and fondled by a male colleague—a brother (ain't that an abuse of words); not saying anything out of fear of not being believed, but mostly, out of not wanting to rock the boat because we were the only ones in administration. I went to the same church as he, his wife did my hair. I wonder what he thought when he saw Sister Anita, unflinching, holding fast. I am challenged subtly, and not so subtly, by men and women, friends and family about my sexual identity or my lack of putting myself into a box, a category, providing an identity card.

"But I'm woman conditioned to nurse like a mute child..."
Opal Palmer Adisa

We all "nurse like mute children". With this imagery in mind, we should know that **SEXUAL HEALING** is like weaning. We need to open our mouths and cry out for what we want. We need to weep for that piece of our souls that has been stolen from us and demand it back. We all harbor stories. We must share them with our daughters and our sons. We must challenge our brothers on their expression of their brotherhood. Claim our pedestal! We must learn to nourish and nurture the healers that we truly are. We have been endowed with the healing arts by our mothers and foremothers. We must use them with the skill and courage used by our ancestral sisters before us.

Healing takes many forms. Pray, meditate, shout or scream. Talk to another sister. Listen to another sister. Forgive yourself. Love yourself. Stand fast and speak up like Sisters Anita and Desiree. Like the sticker says, I BELIEVE ANITA HILL! What this also says is, I don't care if you or anyone else believes it, but I, me, my soul believes she did what she, Desiree, and all my sisterfriends have had to do and endure. They did it to heal themselves and to help heal their battle weary, silent sisterfriends.

No, I do not weep at the world. I am too busy sharpening my oyster knife."
Zora Neale Hurston
How It Feels to be Colored

Spring Cleaning

In this closet full
of junk,
things long
hidden,
unspoken,
carefully buried,
molestation,
rape,
harassment,
disease,
anger, pain.

I will pull out
something new
and
wear myself.

m. nelson

copyright
March, 1992

BY MARVA NELSON

INSIDE

On the Cover
Sister, Heal Thyself
Marva Nelson

2 The Anger of Oppression
Byllye Avery

3 Black Women's Health: Toward the Year 2000
Cynthia Newbille

4 Sexual Healing: Why Did He Take It From Us?
Renee Miller
The Nightmare Date
Angela White

5 A Hands On Experience
B.L. Isom

8 Sexual Healing: "It's Your Choice Debra..."
Terri L. Bailey

9 "To My Mother, Earlean..."
Marsha Carruthers
Reflections On Mother's Day
Joanna Short Curtis

14 Menopause
Elaine Hewitt

18 Healing: The Essence of Health Conference Agenda

LOOK FOR SPECIAL PULL-OUT SECTION
Legislative Action

2 Letters to the Editor
6 Public Education & Policy
7 SisteReach
10 Well Woman
12 Development
13 From the Community
15 Announcements

From Byllye's Kitchen Table

The Anger of Oppression

"I can't understand it. How can they destroy all of that property and expect not to be punished?" said a woman from Nova Scotia. It took every ounce of strength to say in a calm voice, "People are angry, people are hopeless, they feel powerless and think they have only one recourse."

It suddenly dawned on me that, unless one is able to get in touch with the anger that develops over time (as a result of an oppressive life) then you will see the same type of violence that exploded after the Rodney King verdict. You also see that a life filled with contradictions and injustices says that we are always playing the game with someone else's stacked deck.

I remember when I first became aware of sexism, and how it shaped my life and all of the lives of women I knew. I finally recognized my own anger. So fierce was this anger that I felt, the only way that I could assuage it was by going to the main intersection of downtown Gainesville, Florida and throwing a bottle through the window of Woolworths. This feeling was so overwhelming, so present, that I would avoid the area. I felt so angry that the sound of glass breaking was so enticing. I wanted to throw glass ash trays, or anything that was glass and break it.

What is it about the anger of oppression, especially the kind that comes from years of neglect, years of feeling wronged, years of feeling that there is no hope, no future? For ages, the words oppression and racism have freely flowed from the lips of those providing lip service. "I know I am not a racist", were the words of one of the Rodney King jurors. Its those empty meaningless words that have kept us in this place, kept us wading in stagnant waters, kept us marking time in the same steps, becoming further entrenched in the same mire.

It is the same anger born of oppression that fueled Harriet Tubman's train, that gave voice to Rosa Park's misery, that spirited Mary McCloud Bethune, that anchored the civil rights movement. It will be that same anger born of oppression that will turn the tide once again, as it becomes the vehicle by which we deal with our homophobic feelings, and stop thinking that the presence of gays in our society, somehow dictates one sexual preference. It is the same anger born of oppression that must touch the consciousness of civil thinking white people to start talking with each other about their own brand of racism. It will be the anger born of oppression that will make this country start to realize that it **has** to deal, that laws, that can be repealed, cannot legislate feelings. Our oppressors must learn that we are human beings, placed here on earth with the same personal power they possess and we deserve to be respected and treated with dignity. Until this happens, every person has to learn it for themselves, struggle with each other, teach their children respect and self respect. If not the oppressors and the oppressed will continue to be angry, there will still be lives lost, broken glass, and burning ashes that will only provide a temporary release. ♀

BY BYLLYE AVERY, FOUNDING PRESIDENT

Letters to the Editor

When people nearest the economic "bottom" participate in the oppression of those on the bottom, there is clearly misdirected anger, misguided elitism, and some illusion of privilege that demands clarification. On two separate occasions I witnessed that "misguided elitism."

On one of my perennial bus trips, several Black teenage males got on. They stood around two older Black men already seated on the bus. Perhaps it was the simple fact of two men sitting together and appearing to enjoy each other's company, that triggered the following response. As the two men got off the bus, one of the teenage males yelled "Damn faggots!"

The second event happened as a Chicana Lesbian graduate student on the Bruin walk handed out flyers on National Coming Out Day, a day of historical remembrance and affirmation for Lesbians and Gays. As she passed out flyers, several young Black women passed by. One of the young women stood back and threw her hands in the air, as if repulsed. Some of the other young women started hissing at the student. As the graduate student later told me this story, she thought I might have some insight as to why those Black women, those sisters of color, would have reacted in such a way. As a Black woman and older student, I could only offer one insight: Since the students were Black, they might have felt as a Chicana and a Lesbian that she was "different" enough from their color and sexuality, to warrant such treatment. Had the student been a Black Lesbian, the students might have acknowledged at least her Blackness, and silently walked away. Maybe.

What part of a Black woman's sexuality (or any woman) is threatened by a Chicana Lesbian? What socially contrived segment of a teenage male's "masculinity" is changed by a man who might be gay? For women all over the world who are raped, assaulted and not supported in a variety of ways by white men or men of color, what semblance of "manhood" is maintained a the expense of their sisters? When women hiss and jeer at lesbians, when males think gay men are deserving targets of ridicule, we behave like those supremacist groups working diligently to keep us all "in line." Straight folks with our own hangups need to figure out what makes us better, or "respectable" than lesbians and gays. And who decides, anyway?

Men of all colors need to get real clear on who their enemy is. It is not nor has it ever been women who sent them off into illegal wars, take jobs overseas to cheaper labor markets, make it difficult to obtain decent education or housing, or kill them on the streets. Trashing women in any capacity weakens the bonds between groups that need to work together on common oppressions. If we continue to behave in a racist, sexist, and homophobic manner, we need to figure out why and in what ways it serves us. Since such institutions favor a tiny majority of people, and are at the expense of the vast majority of us, we all need to come up with fairer ways to get served. Quickly.

Corella Payne
South America

"Choice, not chance determines destiny."

Metamorphosis

BLACK WOMEN'S Reproductive Health: Towards the Year 2000

Cynthia Newbille
Executive Director
National Black Women's Health Project

"Desire is the key to motivation, but it is determination and commitment to an unrelenting pursuit of our mission/ vision – a commitment to excellence – that will enable us to attain the success we seek."

As we approach the year 2000, I am haunted by the vision of a Black woman slumped in a dark and empty back alley, blood streaming down the legs of her lifeless body, (flowing into the sewers of our scientific, highly developed and technologically advanced society). This is a consequence from the reemergence of back alley abortions, due to the loss of a woman's right to choose a safe, legal abortion as another alternative to unwanted pregnancies.

Coat hangers, lye douches, quinine etc., desperate abortion methods of the past (future?), hover threateningly over the landscape of Black women, women of color, and poor women's lives, threatening to cause their senseless, unnecessary, and gruesome deaths.

Tragically, the Supreme Court, and federal/state government actions over the last two decades only serve to reinforce my haunting vision. In 1973, abortion was declared legal in the Roe v. Wade Supreme Court decision. Four years later, the Hyde Amendment passed, which prohibited Medicaid funded abortions for low-income women. This was the first significant blow to women's newly won right, and it was aimed at women who had the least access to abortions. In the late 1980s, the chipping away at this right continued as the anti-choice movement became more organized. First the Supreme Court Webster decision further restricted women's right to abortion. Next, there was a proliferation of parental consent and notification laws which hampered a young woman's right to a safe and accessible abortion and to contraception, as well. The 1990's has witnessed a flurry of state legislative activity i.e. Utah, Louisiana, and Pennsylvania, which further limited the rights of women, disproportionately poor women and women of color.

Further, in 1991, the passage of Rust v. Sullivan, prohibited physicians and counselors who receive federal funds under Title X of the Public Health Service Act from providing accurate and complete information about, and making medically appropriate referrals for, abortion.

As a result of the restrictive and regressive actions since the passage of Roe v. Wade, we are faced with the imminent loss of legislation supporting a woman's right to choose abortion; proliferation of punitive and coercive laws designed to control women's bodies and reproduction; prohibition on health care provider's ability to provide full disclosure with respect to reproductive options, and continued lack of access to preventive healthcare as we look toward the year 2000.

And, as we know, Black women are disproportionately represented in the number of people living at or below the poverty line; in the category of teen pregnancy; single motherhood; on Medicaid; school dropouts; and without medical insurance or under insured. Therefore, when abortion services are threatened or curtailed, Black women, as well as poor women and women of color will be disproportionately affected.

While my haunting vision appears to be a foregone conclusion, there is a ray of hope in the form of the Freedom of Choice Act (FOCA) S.25/ H.R.25, which would prohibit states from restricting an individual woman's right to choose to terminate a pregnancy prior to fetal viability or the woman's health or life is at stake.

With our very lives at stake, as we position ourselves to face the challenges of the 21st century, it becomes imperative that Black women, and other women of color, who are disproportionately affected and bear the brunt of government policies, begin to work together in coalitions to develop a common reproductive health and rights agenda, with proactive responses and stratagems. We must increase our visibility and leadership on this issue; become advocates for change within our local communities, creating a force which will ensure reproductive freedom not just for Black women, and women of color, but for all women.

BY CYNTHIA NEWBILLE

Vital Signs is a quarterly publication of the National Black Women's Health Project.

BYLLYE Y. AVERY
Founding President

CYNTHIA NEWBILLE
Executive Director

LISA DIANE WHITE
Editor/ Vital Signs

BEVERLY ISOM
Copy Editor

ANGELA MATHIS/CCD
Graphic Design/ Desktop Publishing/Copy Editing

EDITORIAL TEAM

Tracey Williams
Elizabeth Williams

BOARD MEMBERS
Frances Jemmott Dory
Jean A. King, Ph.D.
Sandy Stewart
Pauline Hicks, Ph.D.
Pamela Freeman
Vanessa Jackson
Akua Budu-Watkins
Julia Collins Morgan
Sheila Cort
Marjorie A. Costa
Salima Siler Marriott
DebraO'Neil

Entire Contents (copyright) 1992 Vital Signs is published by the National Black Women's Health Project as a service to its members. All fact, opinions and statements appearing within Vital Signs are those of the author and are not to be necessarily construed as statements, positions or endorsements by the National Black Women's Health Project. Contents in whole or part may not be reproduced without express consent of both the publisher and the contributor.

"Why Did He Have to Take It From Us?"

I spent most of my young adult life in a state of confusion, loathing men's sexuality — obscured by what happened to me one night, when I was fifteen.

It was early fall, 1973. I was walking home from a party at the Old Northside YWCA in St. Louis with my friends Gail and Debbie*. Gail's mother had driven us to this party that was sponsored by my social club, "The Cosmic Stars". She told us to call her when the party ended so that she could pick us up.

The party ended at 11:00 p.m. but since it was a Friday night we decided to walk home and enjoy a little "girl talk". It was fairly common for young men to approach us because we were nice looking girls, therefore we never felt threatened by the man we saw heading in our direction. When he reached us he grabbed Gail, holding a knife to her face, and told Debbie and me to turn around and walk in front of them.

We were led into an alley where we were told to take off the bottom half of our clothing and lie face down on the ground. As we removed our clothing the man could see that Gail was wearing a sanitary napkin. He cursed because he had intended to rape Gail. Then he paused as if to choose between Debbie OR me. He chose Debbie.

I remember that he asked Debbie if she was a virgin and he called her a liar when she said she was. He commanded her to put it in. Debbie was crying and her voice was broken with her sobs. He proceeded to rape Debbie as he fondled Gail and me who were lying on either side of her.

This was our introduction to sexual intercourse.

As I lay there crying I thought, "how could a man want something so badly that he would hurt children to get it?" At that moment I no longer felt grown as young teens tend to feel. Instead, I felt younger than I can ever remember feeling before.

I don't recall any noises of sexual satisfaction being made by this man. I only remember his instructions to us when he was finished, "count to one hundred slowly then you can get up and leave. If you get up before one hundred I'll kill you. And if any of you saw my face and call the police, my girlfriend will kill you." Not understanding the psychology of rape I thought, if your girlfriend would kill for you, why won't she give you sex? Why did you have to take it from us?"

As the three of us walked home we agreed to discourage the police from looking for the man because we believed his threats. We also agreed not to tell my family to avoid a hysterical reaction from my parents. Unfortunately, our fear and secrecy prevented us from receiving any counseling about the rape. It also prevented the police from finding the rapist; so instead of knowing who the one man is who committed this act we were left with a suspicion of all men.

Today, I know it is possible that I could meet that man, date him, marry him and not know that he was the one. Even now some remnants remain. I still feel a rush of panic when a man I don't know well flirts with me. I believe part of my weight problem stems from a sub-conscious fear of exciting men into an uncontrollable sexual frenzy; therefore I eat my way into a "safer" figure. I also reject offers of assistance from men to avoid feeling "duty bound" to submit to a sexual act.

It wasn't until years later that I learned that rape is an act of violence, not a sexual act.

** The names have been changed for this article.*

BY RENEE MILLER

The Nightmare Date

Have you ever been on a date you thought was perfect? He woos you with a candlelight dinner, a movie, and a walk on the beach? There is good conversation and laughter. You think, "Where has this guy been all of my life". You feel as if you have known him forever. He has gained your trust immediately.

The next phase of the date comes. He invites you to his apartment for a night cap. You talk even more, just when you thought you had talked about everything in life. He offers you a drink and to stay and watch a movie with him. You think, "Sure, I would rather not be any place but with Mr. Wonderful!" You drink one glass of wine-cooler, you are relaxed, leaning comfortably on the couch, and continuing to watch the movie. You feel so safe and comfortable with him, that you even take off your shoes and put your feet on the couch.

But then, the nightmare begins. Mr. Wonderful is suddenly Mr. Hyde (Dr Jekyll/Mr. Hyde). He is all over you half naked. Telling you, "You know you want it baby". He then forcefully enters you. In trying to get over the initial shock of what is happening, you scream, "Get off of me". He asks why? He does not understand why? What is wrong with him?

The same thing wrong with him is the same thing that is wrong with millions of other guys who have committed date or acquaintance rape. They do not believe they have committed rape because they were not a stranger hiding behind the bushes at night stalking a woman and then raping her. Rape is Rape. Whether it's your husband, boyfriend, friend, or relative. Whether it's in your home, friends home, in the car or on the streets. Acquaintance or date rape is almost always committed by someone you know. You may even ask yourself, "Have I been raped?" The next question you should ask yourself is "Did I give consent, express or implied?" If not ladies, you have been raped. Remember this if nothing else, **AGAINST YOUR WILL IS AGAINST THE LAW!!!**

Angela M. White is a second year law student at the University of Missouri, Columbia.

BY ANGELA M. WHITE

A Hands On Experience

Some women might describe their transition from girlhood to womanhood differently, according to which woman you ask. For some, it is a physiological transformation, for others it is a psychological realization. For me, it took something blatantly overt, like my first visit to the gynecologist.

I had been having horrible cramps for a year and my mother decided she couldn't stand seeing me wince and moan another month. She and my grandmother were discussing my next course of treatment, since the home remedies and over-the-counter-drugs offered me little relief. She told my grandmother, "I think I'm going to have to take her to the GYN." I remember thinking, I hate it when she spells things out—I was at the age where I could decipher it. I kept spelling GYN over and over again trying to figure out what she was saying; we had tried **gin** and orange juice as a home remedy for cramps but surely my mother knew how to spell gin and that didn't make much sense. Maybe she meant **gym**. I had told her before that exercise didn't make a difference in my cramps, contrary to popular medical opinion.

My mother later explained that we were going to the doctor and that he was a noted specialist in "female problems." The anxiety and fear surrounding this visit was enough to be indelibly etched in my memory. First of all, the doctor's name was `Dr. Smiley'—that provoked my initial reservations. A gynecologist whose name was Dr. Smiley, already there was something about this that I didn't like.

As he was a well-respected and noted African-American physician, my mother thought he might be more understanding and compassionate to a first-time, frightened, teenage patient. My mother and I sat in the waiting room for what seemed like hours (I'm sure we were early and it was probably only minutes). What was this doctor going to do? Would it hurt? Would I behave like a woman or a child? Finally, it occurred to me that he was A MAN. Oh my God, a man is going to examine my 'pocketbook.' Maybe it wasn't too late, I could tell my mother that I had decided to live with the pain. I knew my mother too well, she would never buy that. I waited, took a deep breath and heard my mother saying, "that's us." The nurse had called me next.

I know this man meant well, he was friendly enough and my mother trusted him, but to me he was an intruder. My mother stayed in the room with me and the doctor asked me to disrobe and get up on this strange table with silver stirrups and a folded sheet. He said he'd be back in a minute. I though to myself that those stirrups must be for the pregnant patients, surely I was not expected to put my small, frail legs in those things. I'm sure I did not conceal my fear from my mother. Thank God she was there. Once my clothes were neatly folded in the chair, I climbed on the table and pulled the sheet up to my neck. Suddenly the room was unreasonably cold.

The anxiety and fear surrounding this visit was enough to be indelibly etched in my memory.

There was a knock at the door and I jumped. Maybe someone thought this was the restroom. The doctor came in and said, "I am going to explain the examination to you as we go along but you have to RELAX." That sounded simple enough. Then he put his right hand down in a rubber glove and held it up and at that moment it looked a lot like King Kong's. This was not going to be comfortable or pleasant. Relax—not without an anesthetic. He put something from a tube on his finger and said I'm going to see if we can find the problem. He proceeded to conduct the examination, which I'm sure was similar to a blindfolded stranger putting their arm in your uterus and groping around for your ovaries. I flinched and gripped the sheet but I wanted to be brave. I was a woman now.

"Scoot down to the edge of the table and relax" he said. I have never had my legs up this high or open this wide—this was a stranger and my mother was in the room. Why would I relax? The stirrups were cold and sterile, my knees kept involuntarily knocking together and I could see the frustration on his face as he tried to finish this otherwise ordinary exam. Would I ever be able to relax durig this indignation-at thirteen? I thought no, I would not. As I learned much later—what seems unbearable at one point in your life becomes easy to tolerate at some othe time.

"Well young lady you can get dressed now and I'll be right back," he said. I don't remember him calling me young lady before the examination, but I vividly remember it afterwards. How did he know that's how I felt? My first GYN exam was over and it was the beginning of many more.

The doctor came back and explained to my mother and I that some young girls have severe cramps that diet modification, exercise and Midol could help eliminate. He continued, "Some girls just grow out of it." After a year under his supervision and several different therapies including birth control pills-I never grew out of it.

My mother and I both learned a lot that day.

My second gynecologist was a woman. Although her bedside manner left a lot to be desired, her hands were much smaller.

Ms. Isom story, Mama Said There's Be Days Like This, Coping with Endometriosis appeared in our last issue of Vital Signs/ Number 1/ 1992/In Celebration of Ourselves. ♀

BY B. L. ISOM

Reproductive Freedom or Social Control of Women?

There is a sinister mood in this country, fueled and supported by the last two administrations, that blames women, especially poor women, for all our social ills.

Due mainly to racism, sexism, and classism poor women, women of color, disproportionately African American women, are confronted today by limited access to safe, affordable, and quality health care, housing, decent income, education, training and paid work, and are overwhelmed by the repercussions of the economic recession, cutbacks in social services, and punitive and coercive use of judicial and public policies.

Good health means more than simply the absence of disease, it involves not only physical health, but emotional, spiritual, and economic health as well. Without denying that access to health care, reproductive choices, and screening procedures are necessary to maintain health, or that dietary factors, exercise, and related social behaviors play an important role in determining our health status, we need to acknowledge how race, finances, and gender determines one's life options and outcomes. We know that health behavior is not simply a matter of knowing what to do and not to do and making "rational" choices. Rather individual health reflects personal and social circumstances.

Who are these women and what are the realities of their lives. Women live in households, communities, and cities, in times, places, and circumstances that spell health or disease, life or death with greater certainty than does access to health care. For example, assaults by significant others cause more deaths and injuries to women than car accidents, rape, and muggings combined. At the same time, millions of women suffer a daily toll of violence in their communities from drugs, gangs, pervasive unemployment, homelessness, or the police. Such intractable problems as poverty and violence will not yield to simple or short-term interventions. What all this means is that good health requires not just simply the availability of quality affordable health care services for women. We must also provide safe spaces for women to discuss the realities of their lives and to provide the support and services she needs to be empowered to make the best decisions that she can make for herself and her family with the resources that she has or has the ability to develop. What is required is a change in the political, social, and economic environment.

Poor women have limited decision-making powers, within the family and within society, including the power to control their own fertility. Poor women often know the facts but feel powerless to make changes because their lives are conditioned by many levels of oppression and despair. Poverty and systemic and internalized oppression (ie. racism) are the root causes of African American women's poor health and distress as well as the hopeless, powerless feeling that we are unable to take effective action in our lives.

The traditional public health message is that if you don't go for your health exams you will die from some dreadful disease—for example, cancer—and if you are pregnant the emphasis is on the damage you may cause your child. Patients are expected to comply with predetermined treatment modalities that don't take into consideration the realities of women's circumstances. These scare tactics, however, have not been successful in improving the health of poor women and their children. The fact remains there is general feelings of distrust for the public health care system among the poor and women of color. Historically, the system has been paternalistic and void of dignity or respect for its clients. What do we really know of the circumstances of their lives that helps us to develop programs to address the needs of African American women and their families.

Poor women have limited decision-making powers, within the family and within society, including the power to control their own fertility. Poor women often know the facts but feel powerless to make changes because their lives are conditioned by many levels of oppression and despair.

For example, a 10 year study done by Gail Wyatt, PH.D., at the University of California at Los Angeles, on African American women and a larger study soon to be released by the Alan Guttmacher Institute (AGI) details the high percentage of young women whose first and subsequent sexual encounters were either coerced or forced. Retrospective studies of battered women have found that 40-60 percent were abused during pregnancy. One study found 26 percent of pregnant teens were currently in a relationship with a man who was abusive; many stated that the abuse had started when they discovered that they were pregnant. Most alarming, 65 percent of the battered teens had not talked to anyone about the violence in their lives. Imagine the anxiety, fear, repulsion, and distrust of young women who conceive a child under these circumstances. What options—financially or emotionally—does a woman have to experience a safe pregnancy, or to maintain or restore a child's health when her own mental health is so fragile? Few health programs are set up to illicit this crucial bit of information, never mind address the issue?

Recently, in an effort to address the problem of drug exposed or drug dependent newborns and child abuse, many states have enacted or are considering laws that punish women for drug abuse during pregnancy. With the availability of NORPLANT, we are witnessing the aggressive imposition of punitive birth control measures on poor women and women of color just as sterilization and other so-called population control measures have been forced upon African American women and new immigrants in this country historically and continue to be imposed on women of color in developing or so called third world countries around the world.

The crack epidemic with its alarming number of "crack babies" and the subsequent prosecution of the poor, usually African American women, for the "prenatal crime" of delivering drugs to the fetus are premised on erroneous assumptions that will have disastrous effects on the lives of these women and their children. One assumption is that pregnant addicts are indifferent to the health of their fetuses or that they willingly seek to cause them harm. A second erroneous assumption is that drug treatment is available and pregnant women willfully seek to avoid it. In New York, 54% of the 78 drug treatment programs

Cont. Pg. 13

BY JULIA R. SCOTT

SisteReach

RACE GENDER *and the* PLANET EARTH

The simmering pressure cooker of marginalized communities - those people whose needs are systematically and deliberately underserved and their abilities underused - vents itself in periodic violent eruptions. These eruptions often respond to a blatant and undeniable miscarriage of justice which makes slip the veil of mystique and double talk with which our lives and circumstances are constantly rationalized.

Rather than continue a reactionary stance we have the advantage of moving to a proactive posture when this unveiling coincides with the levels of dialogue, analysis, planning and consciousness-raising that has been happening in our communities because of events such as United Nations Committee for Environment and Development (UNCED) Global Forum '92 and the planned 1992 Columbus Discovery quincentennary events.

National and international leaders met in Rio de Janeiro at the (UNCED) and Global Forum '92, June 1 - 12 attempting to decide the fate of the world for the next century.

Women, people of color and other misinformed, disenfranchised communities, have used the months before UNCED to bring to the fore the central issues critical to our survival which have been obscured in an effort to systematically impede our development.

The universal impact of these events have brought together international coalitions with a common focus and harnessed energy as the New World Order positions itself to put in place policies to control populations, regulate women and adjust development in all of our communities.

The following are samples of the product of this level of organizing among feminists outraged that the hole in the ozone is being blamed on women having too many babies! People of color saying no to "we've got to dump it somewhere" and making other links between social justice and environmental justice; and women the world over who decry the immoral and unconscionable destruction of the sacred earth and its indigenous peoples - the victims of this corruption.

People of Color Environmental Leadership Summit

Principles of Environmental Justice

Adopted October 27, 1991
Washington D.C.

WE, THE PEOPLE OF COLOR, gathered together at this multinational People of Color Environmental Leadership Summit, to begin to build a national and international movement of all peoples of color to fight the destruction and taking of our lands and communities, do hereby re-establish our spiritual interdependence to the sacredness of our Mother Earth; to respect and celebrate each of our cultures, languages and beliefs about the natural world and our roles in healing ourselves: to insure environmental justice; to promote economic alternatives which would contribute to the development of environmentally safe livelihoods; and, to secure our political, economic and cultural liberation that has been denied for over 500 years of colonization and oppression, resulting in the poisoning of our communities and land and the genocide of our peoples, do affirm and adopt these Principles of Environmental Justice: (the 17 principles are captured in the following statement and is available upon request by calling NBWHP)

The **First National People of Color Environmental Leadership Summit** in Washington, D.C., marked a new international movement of indigenous and grassroots peoples. It is a multi-racial, multi-cultural convergence of existing local and regional grassroots movements and struggles already underway by people of color actively resisting various forms of environmental genocide against them throughout the world. They have come from all states of the U.S., Central and Latin America, Puerto Rico, Hawaii, Alaska, Marshall Islands and Canada.

The fight against the disproportionately harmful impact of environmental degradation upon peoples of color is not new. We have always been in this struggle, we have always known what is at stake. This movement addresses every aspect of our quality of life. Unlike traditional mainstream environmental and social justice organizations, this multi-racial, multi-cultural movement of peoples of color is evolving from the bottom up and not the top down. It seeks a global vision based on grassroots realities.

We call for an immediate end to the systematic murder of peoples of color through environmental genocide.

We refuse to accept the deliberate targeting of our communities of color and the lands of indigenous peoples as dumping grounds for hazardous wastes and radioactive materials, and the production of pollutants.

We call on the president of the U.S., the congress, and all federal, state, and local agencies to discontinue all policies and practices of environmental racism and to properly enforce existing environmental protection laws and policies.

We call for a ban on the export of hazardous waste and radioactive materials that are devastating the world, particularly the lands of peoples of color.

We demand full reparations for all past injustices and further demand an immediate halt to all schemes that degrade the lives and lands of peoples of color with harmful development and hazardous waste disposal.

We call for a restructuring of the traditional relationships of mainstream environmental organizations and activists to communities of color and grassroots and indigenous peoples.

We demand the right to live in healthy communities, free of the illnesses and disease spawned by environmental degradation which affects our children, youth and families.

We call for an end to war, violence and militarism, because these are among the most environmentally and ecologically destructive phenomenon known to humankind, and millions of people of color have perished due to war.

We are here. We are united. We are strong. We are one! We have come together out of our cultural diversity to our common oppression, as many members of one family — Asians and Asian Americans, Pacific Islanders and Pacific Americans, Native Peoples and Alaskans, Latino and Canadians, Latin Americans and Central Americans, Africans and African Americans. In our collective unity, there is great strength. We have come together around many issues in many lands to unleash the power of our united will in a common struggle for a new environmental movement—a movement to eradicate environmental racism and bring into being true social justice and self-determination.

As peoples of color, we have not chosen our struggles; they have chosen us. We suffer

Cont. Pg. 13

BY DIANNE JNTL FORTE

"It's Your Choice, Debra. . . I'm, Here for You."

I was fifteen when Debra told me that she was going to have an abortion. That's really the first time I had to think about being for or against abortion. On the outside, I was loving and supportive of Debra. On the inside, I had mixed feelings.

In my self righteous, virginal mode, I felt that she was irresponsible. With all the information that we had access to, she should have been more careful. Even though I felt that way, I still considered myself 'Pro Choice'. I think my mom summed up my feelings when she told me, "I'm Pro Choice for everyone except you!"

My convictions were really tested when I got a job at an abortion clinic. The clinic was not the best medical facility in the world, and the women were often humiliated and mistreated. The whole process was handled with assembly line warmth. It was hard to stand by and watch these women be insulted and talked down to. I realized that I was one missed period away from being in the same position. I made it a point to stop my female co-workers in the moment and say, "That could be you". The women that came in loved me, but the owner had a problem with my attitude. I was laid off for `lack of work' from a clinic that performs 150+ abortions a week.

I am now at a feminist clinic whose main concern is the woman and her needs. I feel so much better about encouraging women to come to this clinic. I know that they are going to get quality medical care and respect. We give women an idea of what they can expect to feel during their abortion. A Health Worker like myself goes in with the woman to act as her advocate. Some women don't want you in the room, but most are grateful for a hand to hold. If a woman is having a first trimester abortion, her partner can be with her during her procedure.

As a Health Worker, the most challenging part of my job is evaluating the abortion tissue. I'm new, so I really haven't had to come in contact with much tissue. I don't feel like it will be hard for me to handle tissue evaluation from a first trimester abortion, but I'm more than a little nervous about handling second trimester tissue. I have to keep telling myself that this is a vital part of my job because it allows us to be **ALMOST** certain that a woman's abortion is complete. That knowledge gives me some comfort.

The hardest part of my job is being so involved in people's personal lives. Being on the front line often means being close to the home front. I have shed many tears for my sisters. I have heard so many sad stories. I wept for the woman whose fourteen year old daughter's first sexual experience resulted in pregnancy and herpes. She ended up having a twenty-six week abortion because she didn't want to disappoint her mother. Another sister, with ten children, (the youngest was graduating from high school that year) had a twenty week abortion after her husband convinced her to keep the baby and then left without a word and all the money. She hadn't worked in twenty years and she was devastated about her decision. I think of those women often and sometimes I still cry for them.

It's hard to leave my work at the office because every time I look in the mirror, I am reminded of what I do. When I tell people what kind of work I do, they ask me how can I participate in the murder of innocent babies or if I know that I'm going to hell for what I do. My response to them is that my job is women's health care. As women, we have some tough decisions to make and I want to do everything possible to ensure that women have all the information they need to make informed choices. The clinic offers a range of services from abortion care to adoption referrals because it is a center for women's health care, not an abortion clinic. To the Bible toten posse I say, "Judge not lest ye be judged"!

As women, we have some tough decisions to make and I want to do everything possible to ensure that women have all the information they need to make informed choices.

The biggest benefit I receive from my job is the information I get. One of the most empowering moments in my life was seeing my cervix for the first time. It was such a relief to finally know what my doctor saw when she inserted the speculum. I encourage women to get a speculum, mirror and flashlight and do monthly vaginal/cervical self exams, as well as monthly breast exams. Don't be disgusted or afraid to touch and know your body—its yours!!! It also helps to know what's normal so that when something isn't normal you may be able to detect a problem before it becomes serious. In this age of AIDS, unnecessary medical procedures, limited reproductive choices and escalating health care costs, its important for women to take control of their health care by becoming informed health consumers.

After my experiences working at the clinic, I can now say that I am Pro-Choice and mean it. For me, being Pro Choice means being Pro Woman. It means being supportive of a woman no matter what her choice is. It means being willing to give and receive information with an open mind. Most of all it means being able to put myself in the woman's shoes no matter how 'stupid' or 'unbelievable' her story is-because if the condom breaks, her story could be mine.

BY TERRI LYNN BAILEY

Sexual Healing

To My Mother Earlean...Herstory

I never remember my mother being well. Though she was only 24 years older than I, there are no memories of us running and playing together. I do remember kneeling down as a child oiling her heels or helping her to fasten her shoes. And I remember when I began cleaning Brown's Funeral Home with her every Friday because she could no longer do the low work: the dusting, the bathroom fixtures, the stairs. I was seven years old. We worked there together every Friday until I left for college at age 18.

My mother had high blood pressure, diabetes, arthritis, fibroids, and a bad heart. She was also about 100 pounds overweight and three years before she passed on February 1, 1988 she had lost all of her teeth. She was 61 years old when congestive heart failure took her life. The years preceding her death were filled with almost chronic pain.

At night her arthritis kept her awake, crying out in pain and begging God for mercy. Every day she had severe headaches. There were "strings" dangling in her line of vision and her eyes often felt as if they had grains of sand in them.

Her last years were the most difficult. She could not sleep without a pile of pillows under her head or she would choke. She became more and more dependent on her walker to get around. Raw open sores appeared under her breasts and in the top of her head. Even the weight of the winter coat she needed to keep her warm became unbearably painful.

My mother was addicted to food. She did not smoke cigarettes or drink alcohol. When I was very young she had become addicted to some doctor prescribed diet pills but she broke that habit herself after three years.

She could not stop her caffeine or sugar addictions, though she did reduce her coca cola consumption from 10 to three cans per day. And shortly before she died she stopped eating pork several times per day and saved most of it for the weekends. It was not unusual for my mother to eat in the middle of the night (pies, hamburgers etc.) and never remember it the next day. Whenever she woke up she was "hungry."

Once I gave her vitamin E and articles on its effectiveness in reducing high blood pressure. Her doctor laughed and told her to give him that money since she had it to waste. He gave her a prescription. It drastically thinned her thick beautiful hair and contributed to her bladder incontinence. Her blood pressure remained high. Her headaches continued.

Twice I gave her booklets on diet and diabetes because I knew she dreaded becoming insulin dependent. She said people taking it rarely changed their eating habits; they simply increased their dosage to deal with the increasing pain. She did the same thing. By the time she passed, she was giving herself shots twice a day.

Eating habits are hard to change. She found cooking brown rice very difficult and she still didn't feel full until she'd had something sweet. Reading labels to check out ingredients was too hard on her eyes and hadn't she been drinking that tap water all these years? Why boil it now?

I saw her heart failing for a year before she passed but I didn't know what it was. Her face had a grey cast and aged rapidly. She seemed to always grimaced in pain when she met me at the door.

I ran away from that face. Usually I would kiss her quickly, then go up the stairs to my own apartment and cry, feeling frustrated, feeling guilty, and feeling totally powerless to change the quality or the duration of my mother's life.

It seemed as if I'd spent a great deal of my adult life trying to save her, trying to create the right working formula: the right foods, the right herbal combination, the right amount of money....

"She'll get so sick she'll have to listen to me, to eat right and do as I say". My mind created the hope I needed.

I retired from teaching on Friday, January 29, 1988, to further develop my business, to have time to cook more, to clean more, to make more money, to help momma get better. She passed the following Monday morning around five a.m.

She'd done good. Doctors had told her that she'd be dead "soon" for about 30 years. It takes a strong spirit to resist such "expert" opinions.

She passed very much the way she planned; at home, with family, and fairly quickly. To linger in a hospital among anesthetics and strangers was a nightmare she'd witnessed too often.

Momma was ready to go. She had often discussed how tired she was of the body she was occupying and she reminded me repeatedly that death was not something that she feared. So I light candles at my alter and think of the one she always kept at the dining room table, amid the red devil number books and the Daily Words. I burn incense in her honor and remember all the lessons she taught me.

Like the good daughter that I have always tried to be I do not dwell often on the might-have-beens. I do not linger for long on the idea that I always thought I would save her. ♀

BY MARSHA CARRUTHERS

Reflections On Mother's Day 1986

Cyclical patterns of confusion, doubt, and pretense shadowed my life. Trying to understand why I chose to learn my lessons in such painful, laborious ways. At this very minute, I can remember the sights, smells, feels, and other sensations that overshadowed my life on Mother's Day in the spring of 1986.

Physically, so weak and frail, despondent and numb, I hardly knew which end was up. Speech failed me. The feel of a touch alluded by senses. Eerie, spooky sensations took turns shooting spirits of pain and despair up and down my spine. I gave into a backdrop of chill and fear supported by participation in my own horror story.

Huddled in a chair with a blanket drawn as close to me as I could pull it, I remember folding my arms and holding myself in place, as if I were an iron anchor, lest my spirit flee madly out my soul never to be return. No one told me it would be like this. No one prepared me for the null, blank, nothingness that permeated my whole being. So I just held onto me, clasping what felt like my last connection to myself, hoping that some of the me, I used to be had not been removed with the remnants of my unborn child.

What a hideous trick! What disfavor and cunning the gods have bestowed. To carry a child and then to lose that life. Life snatched right outta my womb.

Hocus, Pocus: Now you see it, now you don't now you feel it, and soon you won't.

And to rub it in, to have to acknowledge and celebrate motherhood the day after such misfortune. I forget now the term the clinician used, but something like voluntary abortion - I never voluntarily aborted my child. I'd like to think my actions in the matter were totally innocent and naive. I had nothing to do with the death of my child.

Or did I? Pretense of happiness in my nearly new marriage had taken a stressful toll on me that internally manifested as a quasi-neurotic state of being, while externally I glided perniciously through each day, teeter tottering on minor badges of honor extolled by colleagues and insignificant others, and not for the life of me knowing or understanding myself, nonetheless, the man I had pledged to live my life with through adversity and harmony, disease and well-being, lack and abundance...

I remember having all these irrational thoughts bombarding my sensibilities like, this was real. You are the main character in "till death do us part". But then what? And who's death?

Take me with you. No, somebody give me something so I won't feel the pain, pleeze! Hell no, you can't go, you must stay....to face one more day. Oh no, you can't go, you must pay for all your mistakes. Oh no, you can't go, you gotta stay and deal with...And on and on and on.

Never gave myself much of a chance to feel anything about my child whom I miscarried in the spring of 1986. I never allowed myself to have a second thought about the operation to remove what remained of my child from my body on the day before Mother's Day and to share with her my happiness of being an expectant mother . That year I had to quickly change into the role of a tragic hero, or just another sad, lonely young woman. ♀

BY JOANNA SHORT CURTIS

Legislative Action

Reproductive Health and Rights Update

I.
FAMILY PLANNING/ ABORTION INFORMATION (GAG RULE)

With the presidential veto of H.R. 2707, that would have overturned the "gag rule" (which prohibits Title X clinic doctors from providing women information regarding abortion) family planning advocates began redoubling their efforts to block or at least delay implementation of the Title X regulations scheduled to take effect May 4, 1992.

On April 16, lawsuits were filed in 2 separate federal jurisdictions charging that the recent DHHS "guidance" to providers, (that allows doctors and only doctors to counsel Title X patients regarding abortion even though the majority of Title X clinics do not have full-time doctors present and services and counseling are provided by nurses and other health trained professionals) along with statements by administration officials, including President Bush himself, constitutes a substantive change in the "gag" that is illegal without public notice and opportunity to comment. One suit filed by Planned Parenthood failed and a similar case filed by the National Family Planning and Reproductive Health Association is slated for May 28th. At the same time the House moved forward to consider legislation (H.R. 3090) to reauthorize Title X and permanently overturn the gag rule.

In April of this year, <u>The Family Planning Amendments Act</u> (H.R.3090) was passed in the House with a vote of 268 to 158 with 27 not voting. This bill, which the NBWHP supports, will reauthorize Title X programs and reverse the "gag rule." However, once again this vote falls short of the two-thirds vote needed to override the expected veto by President Bush. The bill now goes to conference with S.323, originally introduced and passed last summer, which would overturn the "gag rule" but does not include a formal reauthorization of Title X. However, this bill does includes two federal parental notification requirements which will have to be debated. Thousands of women, especially the poor and the young and disproportionally African American women, will be negatively impacted as Title X clinics close or decrease services due to loss of federal funds when they refuse to participate in these programs that will require them to not provide women with the full range of pregnancy related information.

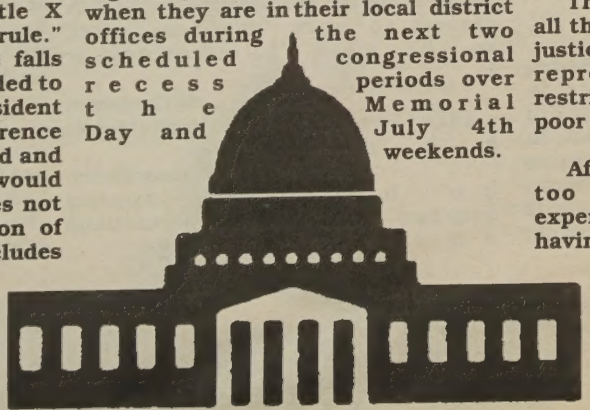
It is critical that members of Congress hear from NBWHP members regarding your position on the "gag rule" while they are in their local district offices during the next two scheduled congressional recess periods over the Memorial Day and July 4th weekends.

II.
ABORTION

FREEDOM OF CHOICE ACT (FOCA) S.25/H.R.25

This legislation would place into law the principles of the 1973 Roe v. Wade decision, effectively protecting reproductive freedom and creating a national standard for abortion rights. If passed, this legislation would prohibit states from restricting an individual woman's right to choose to terminate a pregnancy prior to fetal viability or whenever the woman's health or life is at stake. The national standard would be created through a statutory right that would exist even if the Supreme Court overturns the constitutional right. This bill will probably be brought to the floor of congress sometime between July 20 and August 14, 1992.

Again, it is critical that members of congress hear from NBWHP members, regarding your position on the F.O.C.A., when they are in their local district offices during the next two scheduled congressional recess periods over the Memorial Day and July 4th weekends.



III.
REPRODUCTIVE HEALTH EQUITY ACT (R.H.E.A.) S548/H.R.661

Amends various provisions of the law to assure that federally funded programs provide abortion related services in the same manner that other pregnancy-related services are available.

While passing the F.O.C.A. will place into law a national standard guaranteeing women's right to have an abortion, it does not automatically remove the restriction of the Hyde Amendment passed in 1977 which prevents the spending of federal dollars for abortion. This means that poor women on medicaid, military women and Native American women on reservations will still not be able to get abortions.

The passage of R.H.E.A. will ensure that women who depend on federally funded health programs will have access to abortion services in the same manner that other pregnancy related services are available.

Supreme Court Action

On April 22, 1992, the Supreme Court heard oral arguments on Planned Parenthood v. Casey the Pennsylvania restrictive abortion law that is intended to make abortion illegal. This law mandates a 24 hour waiting period, state designed lectures designed to discourage women from having abortions and requires women to notify their husbands and teens to notify parents before they can obtain abortions.

The Bush Administration has done all that it can to pack the court with justices who are hostile to women's reproductive freedom. These restrictions place an undue burden on poor and young women.

African American women know only too well (through the slavery experience) the importance of not having control over our lives including when, how and even by whom, we would have children. Before 1973, when abortion was illegal, it was mainly black and Latina

Josie & Jala

I considered Josie one of my newest guides. I met her at the Denny's up the street from the food processing plant. She was the representative for our new union. She sat and listened to all of the horror stories of the food plant. I really didn't know how unions functioned, and she told me to come back tomorrow so she could explain union business. I did return and was very excited. I felt I had been really confused by management.

I was voted to be on the negotiation team. At the first session I started asking Josie about her private life — she seemed to be irritated, but that didn't stop me. I found out she is the oldest of three girls. Both of her parents are doctors, she's from up north, she graduated from college, is single and practiced weight training. Josie is a petite woman with a short punk hair cut, soft spoken and a gentle spirit.

We became friends quickly and were a very odd, odd couple. You see, I'm a big black woman with a natural, and I laugh out loud. I'm the second girl of three sisters and one brother. My father is dead due to alcohol abuse. My mother worked in a hospital as a housekeeper. I have a High School diploma. I experienced physical, mental and sexual abuse. I consider myself a heroine. I have been in a relationship with a woman for eighteen years and we have a twelve year old daughter (planned).

Josie and I worked hard for a contract — she had flyers printed and I would pass them out at the plant, she would use some of my notes. We would talk for hours. We use to go to the Vegetarian Restaurant and work on ourselves for hours, we would order extra cornbread and sassafras tea. We pretty much though we were equal until we started talking about our future. She wanted to go to Germany and study, then go to graduate school. I wanted to apply for a line attendant position that would move my salary up. Things started to get uncomfortable — we couldn't deny the differences between us. I started crying out loud and she was also crying the hell out of there.

We didn't see each other for a couple of weeks. When we got together, she had been on vacation at Cape Cod, something her family does every year. She went sailing and they celebrated birthdays. I told her that same week one of my sisters was pregnant again and another was using crack. Josie and I worked hard just being with each other, because there was a big difference between us. She would never experience the traumas of my life, yet that didn't stop me from loving my woman-friend. Josie and I explored our dreams and fantasies. I just began to recognize women power, my power. She told me what I said was important and one day people would listen.

My friends at the food processing plant didn't like Josie and I being friends. They would say why do you hang with that mousey white girl—her voice is awful. They didn't like me either because they didn't know me. I wasn't about to feed those homophobes my life. They didn't think you were a woman unless you were suffering from a male ailment. So I kept my secret even from Josie although I think she knew.

Josie's supervisor was an African-American woman. She didn't want Josie and I to be friends. She was scared Josie wanted her job, so she was very dominating. She didn't lie me either because I used to ask questions about the union business—that was a definite no-no.

In the process of negotiations, I went to a seminar at the National Black Women's Health Project. I was the only one who showed up. A woman names Lillie Allen did the whole seminar for me. It was so exciting being with African-American women who valued me, Jala Akilah Waleed, an African-American lesbian. Every piece of me! I told Lillie about being on the negotiation team. She asked me did I want to work with black women. I said of course I would. I told Josie—she was excited too.

Josie eventually went to Germany and got married and probably finished graduate school.

'I have finished my job working with black woman. The grant has terminated. I'm on my way to college. I want to write stories about women. It will be hard. I remembered some bad memories from school, like being physically beaten in school by my fifth grade teacher, Mr. Carlton. I also have a math learning disability, I'm also bigger than the desks in college. These things will not stop me—you see I have a daughter, and a good partner.

Josie has disappeared from my life. I considered her one of my guides.

Lillie Allen has opened up the Be Present Institute, which does empowerment training for women and I'm forever grateful.

Jala says, " I see myself as a radical witch in the midst of creation. I have been in a women centered relationship for eighteen years. We have a twelve year old Amazon."

BY JALA AKILAH WALEED

Well Woman

Calling On Our INNER STRENGTHS *as* BLACK WOMEN

Excerpted from speech from the Third Annual Women Gather Conference, March 5, 1992, Temple University, Philadelphia, PA

When Tawana Sabbath asked me to be on this panel, Calling On Our Inner Strengths As Black Women, I was delighted. I felt good about the theme as I have long advocated the need to look at those issues/barriers that divide Black sisters from each other. As she talked on about all the topics she wanted the various panel members to speak about, I kept nodding my head saying "wonderful," "right on time," etc., etc., until she came to the area she wanted me to cover: sexual preference issues.

How do we begin to deal and heal with Lesbianism and the fear and hostility it brings up between Black heterosexual and Lesbian women? After I said yes I would do it, I felt a tremendous amount of anxiety. Because to do it right, I knew I had to say to all of you that "I am a Black Lesbian." I knew I had to give up my silence. Because to deal, we have to say the word, the horrible secret word that is usually only gossiped or whispered about much like other words in our community—father/daughter incest, AIDS, battering, etc.

I want to thank Tawana for being an ally and making homosexuality visible within this conference, for saying the word over and over again. We Lesbians won't go away just like African-American people won't go away. But I want you to know that it ain't easy coming out to those of you who don't know me.

And I want to give thanks to my higher power who loves me and allows me to be here to say these words to you. And finally I want to be here tonight for all the Lesbian women who have come before me, and who are in this room tonight, and who for whatever reason cannot be out and needed to or need to remain silent. I understand, for it is an act of courage to remain silent and an act of courage to come out.

Before I go on to talk about the barriers to healing between Black Lesbians and heterosexual women, I would like to define two terms: heterosexism and homophobia. Heterosexism is the belief in the inherent superiority of one form of loving over all others and thereby the right to dominance. Homophobia is the terror surrounding feelings of love for members of the same sex and thereby a hatred of those feelings in others.

So what do heterosexism and homophobia have to do with healing and organizing among black women? I would say everything. We need all of us to fight against the destruction of our communities. Because when they come to get us they won't stop and ask-what is your sexual preference? They will take us all.

So what are some of the myths surrounding Black Lesbians?

1. Black Lesbian women are not political. That we have not been and are not involved in the struggles of Black people. However, just the opposite is true. There are and always have been Lesbian women involved in civil rights, local community struggles, the women's movement, South African struggles, and the anti-slavery movement. It just wasn't okay to come out. We led and lead a double life.

2. Black Lesbians are a threat to the Black family. But when over 50% of children born to Black women are born out of wedlock and 30% of all Black families are headed by women without husbands, we need to broaden and redefine what we mean by family.(1)

3. By being a Black Lesbian it means the death of the race. However the race will not die out; Black Lesbians are Black women first. We bear children in exactly the same way other women bear children, and we are bearing them.

4. Black Lesbians are not normal. It's a white thing. However, women relating to women has been documented in all societies, including African tribes. And finally again in the words of Audre Lourde, "what is normal in this deranged society? Being Black among some people is not normal and we call that racism."(2)

5. It's not safe to be around Lesbians, as they might recruit you, get you. Loving women is not a communicable disease. You can't catch it. One of the worst accusations one can call another Black women is-"Girl have you heard? She's one of them—be careful." Most Lesbians only pursue women they feel safe with and know are Lesbians. But there are women, like men, who would pursue anyone. However if you know who you are, no one can sway you from your stance.

A womanizing woman is no different from a womanizing man. If someone comes on to you and you're not interested - "No, I'm not interested." However, someone coming on to you is different from being in a room with a woman who is a Lesbian and you start to feel uncomfortable just because she's there. That's being homophobic and something you have to clear within yourself.

6. All they want is to flaunt their Lesbianism. Translated that means-talk about life, be visible, be affectionate, etc., etc. If I had $5.00 for every time I've heard that statement I would be a rich woman. Talking about who you love and your life together is normal. Making up lies to explain your existence is dysfunctional and leads to depression and low self-esteem, which we have enough of in the Black community. Black Lesbians have a right to take up space and be visible just like any other Black woman.

Solutions-So what can we do?

1. We all have to be willing to hear each other and get beyond stereotypes. We have to become allies to each other. We are not monolithic.

2. We have to interrupt vicious gossip and put downs of Black Lesbian women we know.

3. We have to stand up and support each other and say out loud, if straight, "No I'm not a Lesbian and I don't have to be one to support one."

4. We need to look at our own fears around sexuality and sexual issues in general.

5. And finally we can give thanks to the wonderful spirit and voices of the Black Lesbian women and Black gay brothers such ass James Baldwin, Langston Hughes, Lorraine Hansberry, Bessie Smith, Audre Lorde, and Barbara Smith.

(1) Lorde, Audre, I Am Your Sister: Black Women Organizing Across Sexualities, Kitchen Table Women of Color Press, NY, 1983
(2) Lorde, Audre, I Am Your Sister...

Pamela Freeman is the founder of the Philadelphia Black Women's Health Project and a Board Member of the National Black Women's Health Project. She lives in Philadelphia where she is a therapist specializing in family violence.

♀

BY PAMELA FREEMAN

Maybe I Was Naive

When I first met Rita* I attributed her eccentric behavior to the fact that she was from a small town in Southern Missouri. I could tell that she was infatuated with me but I thought it was an admiration of my big city savvy. It's not that I'm so wonderful or lovable. I was just the first person on our college campus to befriend her and accept her as she was, quirks and all.

Rita had never touched me in an inappropriate manner. Nor had she done or said anything that I would consider stereotypical homosexual behavior. She didn't look muscular and "butch" so I had no idea that her feelings for me were more than platonic. I cried when she told me.

We were sitting in the lobby of our dormitory discussing our mutual dislike of another freshman girl in our minority engineering group. I had commented that I would like to deck her but that I hadn't been involved in a fight since grade school. Rita said she had been in a fight in high school when this guy and girl started dating each other. I asked her if that had been her guy and she said, "No, that was my girl, I'm a lesbian."

I thought Rita was teasing me (she had an off-the-wall sense of humor), but when she told me that she was in love with me I knew she was serious. Her facial expression seemed to be pleading for my understanding and acceptance but at 18 this was a mighty big pill to swallow. So I did what any immature overgrown crybaby would do; I cried.

When the initial fear and confusion wore off, I decided that Rita and I could still be friends as long as she understood that I loved and adored men and men only. Unfortunately, Rita became more overt with her expressions of affection (or I became more sensitive to them). She would wait for me outside of the showers in the morning. In movie theaters she would grab my hand during the scary scenes. Rita would cry when I left town and would rejoice when I came back. I felt like I was trying harder than she was to keep her lesbianism a secret.

The final blow came one day when she invited me to her room to listen to the Floaters new song "Float On". I came into her room and purposefully left the door open to discourage her from making a "pass". She got up and closed the door. I actually looked out of the window to calculate how many floors down I would have to jump. Rita sat on her bed staring at me while she stroked a teddy bear in an explicitly erotic manner. I was talking a mile a minute about absolutely nothing. Then Rita said, "I think you better leave." I was up and out of there before she could even finish the sentence. That was the last time I was ever alone with her.

By the end of the school year our friendship was in name only. I no longer felt comfortable around Rita and didn't feel like she respected my sexual preference. Maybe I was naive. Maybe we both were.

BY RENEE MILLER

DID I REACH AN ORGASM? NOT...

If you look up the phrase "really bad sex" in the Guiness Book of World Records, I am certain that a description of my first sexual encounter would be listed. My first sexual partner would be listed in the same book under "phenomenal jerks". It is not a pretty story.

I was a virgin when I entered college. My mother had advised me to abstain from sexual intercourse until I was 18 and old enough to make a mature decision. Boy was she wrong! In retrospect I wish she had advised me to wail until I was forty and menopausal.

My college experience got off to a rocky start. I was chronically depressed and spent every waking moment in tears. After I had stopped eating, studying, or doing anything that required a sane mind my boyfriend Richard* came to my room to "comfort" me. I was lying in the bed in the dark crying as usual when he stretched out on my bed beside me to offer a full five minutes of reassuring platitudes. I guess that was foreplay because after he encouraged me to be a good little trooper and persevere he asked me if we could "make love".

What a turn-on it must have been for him to hear me say between sobs, "I don't care". I am sure that a crying depressed and despondent sexual partner is every man's fantasy. So without further adieu, Richard climbed on top, parted my legs, and rammed it in.

The pain a virgin with an unlubricated vagina experiences during her first sexual encounter is tantamount to the combined pains of a root canal, dermabrasion and a hangnail. Trust me, I know. Did I reach an orgasm you ask? To quote Mike Tyson, "that's ludicrous!"

*The name has been changed for this article.

Renee Miller is a Metallurgical Engineer with a master's degree in business administration. She is a native of St. Louis currently living in Indianapolis. She has never been married.

BY RENEE MILLER

Legislative Action

Reproductive Health and Rights Update

women who died gruesome deaths from back alley abortions or had more children than they could adequately support.

A decision by the Court is expected between June 1 and July 2, 1992. While it is not expected that the court will explicitly say that Roe v. Wade (which guaranteed the right of women to decide to have abortions) is no longer the law of the land, if it upholds any or all the Pennsylvania law restricting access to abortion it will essentially take away the right to abortion for thousands of poor women, young women and disproportionately African American and other women of color.

We can no longer count on the supreme Court as a forum to preserve our rights. Given the likelihood that this conservative court will uphold the Pennsylvania law restrictions we must prepare now to mobilize support and to pass federal legislation (F.O.C.A.) to guarantee our reproductive rights.

As individual citizens it is within our power to select, support, elect and hold accountable legislators who will believe women, be sensitive to our needs, hear our concerns, and support legislation guaranteeing a woman's right to make decisions for herself.

STATE ALERT

Currently three states are preparing for abortion ballot initiatives in November 1992. These states are Maryland, Arizona, and Oklahoma. In Arizona and Oklahoma, these initiatives are designed to get citizen support to ban abortions and make it a criminal offense for physicians to perform abortions. In Maryland, the anti-choice forces were successful in petitioning a referendum to challenge a law passed in the Maryland 1991 Legislature that allows a minor to obtain an abortion without parental notice if (1) in the professional judgement of the physician, notice to the parent may lead to physical or emotional abuse of the minor; (2) the minor is mature and capable of giving informed consent to an abortion; (3) notification would not be in her best interest.

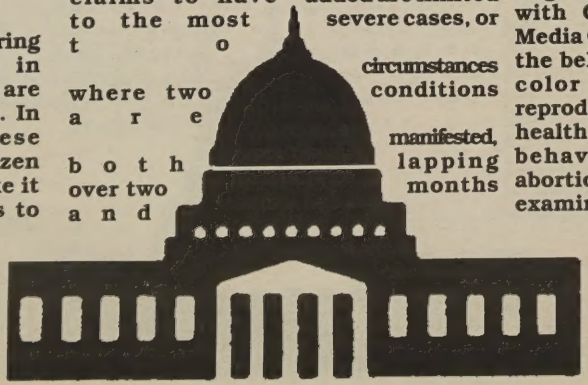
We must be vigilant regarding these state by state attacks on a woman's right to choose abortion. Until we have a federal law securing these rights, we are forced to do battle on a state by state basis. NBWHP members in these states are encouraged to become involved in the state-wide efforts by pro-choice groups to defeat these measures. The Public Education and Policy Office can assist you identifying the local groups working on these ballot initiatives and in framing an African American woman's perspective on these issues.

HIV/AIDS and Women

The Social Security Administration (SSA) has proposed new regulations for determining if a person with HIV is eligible for social security disability cash assistance and thus also eligible for Medicaid health care benefits.

Women and the Definitions of AIDS a policy analysis prepared by the Center for Women Policy Studies, a member of the Campaign for Women's Health, found that the SSA proposed regulations are a dangerous step backward for women with HIV.

The SSA recognizes in its introduction to the proposed regulations that additional criteria are needed to take into account the course of HIV disease in women. However, the gynecological conditions with SSA claims to have added are limited to the most severe cases, or to circumstances where two conditions are manifested, both lapping over two months and resistant to therapy, and also requiring extremely difficult additional documentation of the condition's impact on daily activities.



The SSA's proposed regulations will continue to deny women who are seriously ill with HIV disease access to desperately needed benefits and medical treatment. Therefore, we urge the SSA to reconsider its criteria for determining disability eligibility for benefits. We recommend that the Subcommittee on Human Resources and the Subcommittee on Social Security set a reasonable deadline for the SSA to consult with clinicians who treat HIV-positive women, researchers, and advocates, and to issue appropriate revised regulations.

If the SSA fails to meet this deadline, we strongly advocate for the quick passage of H.R. 2299, the Social Security and SSI AIDA Disability Act, introduced by Representative Robert T. Matsui (D-CA), which will ensure that gynecological conditions found in women with HIV are included and that the requirements for difficult additional documentation of impact on daily activities are eliminated from the listings of conditions presumed disabling.

Women of Color/ Reproductive Health Survey Update

In the last issue of "Vital Signs" we reported on a first of its kind nationwide survey conducted in the spring and summer of 1991, with over 1,100 women representing the African American, Asian, Latina, and Native American populations. The survey, sponsored by the National Council of Negro Women (NCNW) in conjunction with Communications Consortium Media Center, was designed to explore the behavior and beliefs of women of color across a broad range of reproductive health issues. Preventive health care needs, family planning behavior, and attitudes toward abortion were some of the key issues examined in the study.

• In that survey, nearly half of all women of childbearing age (49%) reported that they rarely or never practice birth control, a surprising finding

Legislative Action

Reproductive Health and Rights Update

which was observed across the four women of color segments. Since the survey did not fully explore women's reasons for not using birth control, a follow up survey was recently conducted with African American women to examine this specific issue. The following is a summary of the results obtained in the follow-up survey:

Key Findings

•As in the previous survey, a high percentage of those surveyed (39%) said they rarely or never use any form of birth control. Eight percent reported that they sometimes use birth control, while the remaining 53% said they always or almost always use it.

•Frequency of birth control use varied significantly with age and education. Older women (ages 35 to-44) were more likely to report not using birth control at all (44%). On the other hand, college educated women were more likely to practice birth control on a regular basis (57%) than those with a high school education (43%);

•When asked why they do not always use birth control, about two-thirds (64%) indicated that birth control was not required.

Specifically:

•37% indicated that they or their partner were surgically sterile or infertile;

•22% said they were not sexually active;

•11% were pregnant or seeking to become pregnant;

•However, almost 40% cited other reasons including cost (19%), fear of side effects (16%), and religious values (5%);

•Based on an examination of the respondents' answers to several key questions, it was estimated that approximately 13% were at significant risk of having an unintended pregnancy since they were sexually active and did not regularly use any form of contraception, nonsurgical or surgical. The 13% incidence was similar to that reported in a 1988 survey conducted by the National Center for Health Statistics (10.2%);

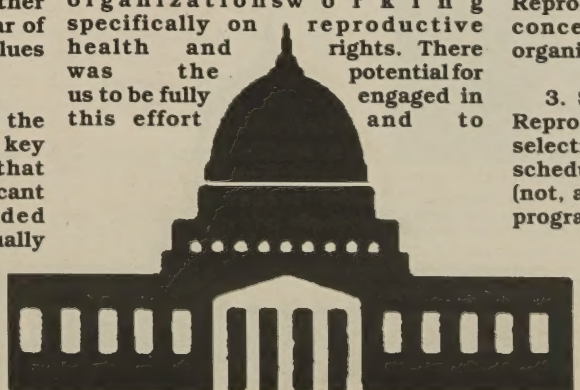
•Among those practiced birth control, most reported either using condoms (mentioned by 50%) or birth control pills (40%). Eleven percent said they used condoms with cream or foam, 8% mentioned using a sponge, 5% a diaphragm, and 4% an IUD.

Conclusions

A high percentage of African American women of childbearing age (39%) do not typically use any form of birth control. Of these, about two-thirds do not require it either because they or their partner are surgically sterile or infertile, are sexually inactive, or are pregnant or seeking to become pregnant. *In over one-third of cases, however, cost, fear of side effects, and religious values appear to play a role in deterring African American women from practicing birth control.*

April 5th March for Reproductive Freedom Update

On April 5th the "March for Reproductive Freedom" sponsored by N.O.W. was held in Washington, D.C. While it was, by for, the largest reproductive rights march to date - between 500,000 - 700,000 people - less than 1,000 were people of color. The irony is that in the history of the reproductive rights movement there have never been <u>more</u> women of color organizations working specifically on reproductive health and rights. There was the potential for us to be fully engaged in this effort and to



mobilize thousands of women of color to participate in the march. We are very much alive, well and growing. Somehow the national N.O.W. leadership failed to understand, even after three face to face meetings, beginning the first week of December 1992, the need to seriously consider and address the concerns and criteria we presented regarding our participation in the march. Quite simply, we demanded they move beyond the rhetoric, start practicing what they preach concerning inclusion of women of color.

On the basis of the new leader of N.O.W. professing to want to do things differently, given the history of poor relationships between N.O.W. and women of color organizations, we presented the following criteria for our participation in the march.

1. First, the president of N.O.W. should make personal contact with the Executive Directors/Presidents of the Women of Color/Reproductive Rights organizations to work out how N.O.W. and Women of Color groups might be able to work together on this event.

2. Solicit Women of Color/ Reproductive Groups input on the conceptualization, planning and organizing for the April 5th march.

3. Solicit Women of Color/ Reproductive Rights group input re: selection of speakers and prominent scheduling of Women of Color speakers (not, as in the past, at the end of the program when media has left).

4. Ensure the prominent placement of Women of Color, preferably leading the march.

Legislative Action

Reproductive Health and Rights Update

The leadership of N.O.W. did not respond in a timely manner to any of these issues, and only made the initial calls to the majority of our organizations three weeks before the march. NBWHP and the six other Women of Color organizations decided that given the lack of opportunity for meaningful input, we would not cosponsor or be listed as speakers, to be window dressing for N.O.W. Further, we decided to release a statement of protest regarding N.O.W.'s lack of response and to ask others to demonstrate support for our position by wearing green arm bands at the march. (See statement on page).

A few groups stated they felt that "going public" with our protest might not be an "appropriate" response and might be used by the media to show a division in the pro-choice movement. Our concern was not what the media or others might or might not do. We very much felt a responsibility to poor women and women of color and were more concerned that our silence might be interpreted as consent or collusion with N.O.W.'s rhetoric versus practices surrounding cultural diversification.

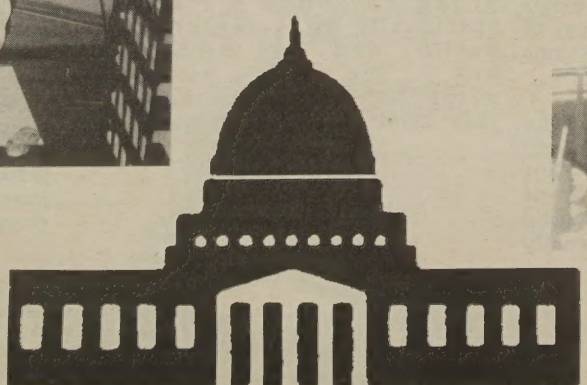
A larger number of organizations, however, called to thank us for "going public" with the problems with N.O.W. and to ask if they could sign on to the statement as well as participate in the purchasing and wearing of green arm bands by their members and in writing letters to the N.O.W. Board. At the march all the major speakers, except two, wore the green arm bands and large numbers of march participants sought us out to obtain arm bands.

As a result of these activities (pulled together just 7 days before the march) a flurry of meetings, calls, etc. were instituted by N.O.W. to provide "damage control". Women of color legislators and head of organizations were called and asked to participate as speakers. On the Friday before the march, N.O.W. decided to purchase green ribbons and to make them available to the march participants. On the morning of the march, N.O.W. made an announcement that women of color lead the march. As you might guess, having made the announcement there was no process worked out beforehand by N.O.W. to facilitate getting the women of color, to the front of the march. Nonetheless, these last minute flurries of activities by N.O.W. demonstrate the impact they felt as a result of the last minute organizing effort by just a small but powerful group of women of color.

We are on record - There will not be business as usual - N.O.W. and other groups who profess to have or want to have cultural, racial, and ethnic diversity will have to learn to work differently with women of color.

More importantly, these most recent experiences have just served to solidify the NBWHP and the other Women of Color Reproductive Rights organizations of the need for us to come together to form a national women of color coalition for reproductive health and rights. To that end the NBWHP will facilitate a pre-planning meeting at our June 25-28 annual conference to discuss plans to formalize a women of color coalition.

If we are to broaden the movement and ensure reproductive freedom for all women there must be mutual respect for the differences within the various racial and ethnic communities. Although the principle of reproductive health and rights may be the same, the strategies and tactics may be different. Within each group, the agenda, the words, and the visions are all relative to circumstances of our particular communities. Therefore, these differences must be respected and the broader community cannot presume that they have capacity to define our agendas or choose our leaders for us. The NBWHP will continue to take a leadership role in facilitating forums that encourage communications between and among the broader reproductive rights and women of color community.



Josie & Jala

I considered Josie one of my newest guides. I met her at the Denny's up the street from the food processing plant. She was the representative for our new union. She sat and listened to all of the horror stories of the food plant. I really didn't know how unions functioned, and she told me to come back tomorrow so she could explain union business. I did return and was very excited. I felt I had been really confused by management.

I was voted to be on the negotiation team. At the first session I started asking Josie about her private life — she seemed to be irritated, but that didn't stop me. I found out she is the oldest of three girls. Both of her parents are doctors, she's from up north, she graduated from college, is single and practiced weight training. Josie is a petite woman with a short punk hair cut, soft spoken and a gentle spirit.

We became friends quickly and were a very odd, odd couple. You see, I'm a big black woman with a natural, and I laugh out loud. I'm the second girl of three sisters and one brother. My father is dead due to alcohol abuse. My mother worked in a hospital as a housekeeper. I have a High School diploma. I experienced physical, *mental and sexual* abuse. I consider myself a heroine. I have been in a relationship with a woman for eighteen years and we have a twelve year old daughter (planned).

Josie and I worked hard for a contract — she had flyers printed and I would pass them out at the plant, she would use some of my notes. We would talk for hours. We use to go to the Vegetarian Restaurant and work on ourselves for hours, we would order extra cornbread and sassafras tea. We pretty much though we were equal until we started talking about our future. She wanted to go to Germany and study, then go to graduate school. I wanted to apply for a line attendant position that would move my salary up. Things started to get uncomfortable — we couldn't deny the differences between us. I started crying out loud and she was also crying the hell out of there.

We didn't see each other for a couple of weeks. When we got together, she had been on vacation at Cape Cod, something her family does every year. She went sailing and they celebrated birthdays. I told her that same week one of my sisters was pregnant again and another was using crack. Josie and I worked hard just being with each other, because there was a big difference between us. She would never experience the traumas of my life, yet that didn't stop me from loving my woman-friend. Josie and I explored our dreams and fantasies. I just began to recognize women power, my power. She told me what I said was important and one day people would listen.

My friends at the food processing plant didn't like Josie and I being friends. They would say why do you hang with that mousey white girl—her voice is awful. They didn't like me either because they didn't know me. I wasn't about to feed those homophobes my life. They didn't think you were a woman unless you were suffering from a male ailment. So I kept my secret even from Josie although I think she knew.

Josie's supervisor was an African-American woman. She didn't want Josie and I to be friends. She was scared Josie wanted her job, so she was very dominating. She didn't lie me either because I used to ask questions about the union business—that was a definite no-no.

In the process of negotiations, I went to a seminar at the National Black Women's Health Project. I was the only one who showed up. A woman names Lillie Allen did the whole seminar for me. It was so exciting being with African-American women who valued me, Jala Akilah Waleed, an African-American lesbian. Every piece of me! I told Lillie about being on the negotiation team. She asked me did I want to work with black women. I said of course I would. I told Josie—she was excited too.

Josie eventually went to Germany and got married and probably finished graduate school.

'I have finished my job working with black woman. The grant has terminated. I'm on my way to college. I want to write stories about women. It will be hard. I remembered some bad memories from school, like being physically beaten in school by my fifth grade teacher, Mr. Carlton. I also have a math learning disability, I'm also bigger than the desks in college. These things will not stop me—you see I have a daughter, and a good partner.

Josie has disappeared from my life. I considered her one of my guides.

Lillie Allen has opened up the Be Present Institute, which does empowerment training for women and I'm forever grateful.

Jala says, " I see myself as a radical witch in the midst of creation. I have been in a women centered relationship for eighteen years. We have a twelve year old Amazon."

BY JALA AKILAH WALEED

Well Woman

Calling On Our INNER STRENGTHS *as* BLACK WOMEN

Excerpted from speech from the Third Annual Women Gather Conference, March 5, 1992, Temple University, Philadelphia, PA

When Tawana Sabbath asked me to be on this panel, Calling On Our Inner Strengths As Black Women, I was delighted. I felt good about the theme as I have long advocated the need to look at those issues/barriers that divide Black sisters from each other. As she talked on about all the topics she wanted the various panel members to speak about, I kept nodding my head saying "wonderful," "right on time," etc., etc., until she came to the area she wanted me to cover: sexual preference issues.

How do we begin to deal and heal with Lesbianism and the fear and hostility it brings up between Black heterosexual and Lesbian women? After I said yes I would do it, I felt a tremendous amount of anxiety. Because to do it right, I knew I had to say to all of you that "I am a Black Lesbian." I knew I had to give up my silence. Because to deal, we have to say the word, the horrible secret word that is usually only gossiped or whispered about much like other words in our community—father/daughter incest, AIDS, battering, etc.

I want to thank Tawana for being an ally and making homosexuality visible within this conference, for saying the word over and over again. We Lesbians won't go away just like African-American people won't go away. But I want you to know that it ain't easy coming out to those of you who don't know me.

And I want to give thanks to my higher power who loves me and allows me to be here to say these words to you. And finally I want to be here tonight for all the Lesbian women who have come before me, and who are in this room tonight, and who for whatever reason cannot be out and needed to or need to remain silent. I understand, for it is an act of courage to remain silent and an act of courage to come out.

Before I go on to talk about the barriers to healing between Black Lesbians and heterosexual women, I would like to define two terms: heterosexism and homophobia. Heterosexism is the belief in the inherent superiority of one form of loving over all others and thereby the right to dominance. Homophobia is the terror surrounding feelings of love for members of the same sex and thereby a hatred of those feelings in others.

So what do heterosexism and homophobia have to do with healing and organizing among black women? I would say everything. We need all of us to fight against the destruction of our communities. Because when they come to get us they won't stop and ask-what is your sexual preference? They will take us all.

So what are some of the myths surrounding Black Lesbians?

1. Black Lesbian women are not political. That we have not been and are not involved in the struggles of Black people. However, just the opposite is true. There are and always have been Lesbian women involved in civil rights, local community struggles, the women's movement, South African struggles, and the anti-slavery movement. It just wasn't okay to come out. We led and lead a double life.

2. Black Lesbians are a threat to the Black family. But when over 50% of children born to Black women are born out of wedlock and 30% of all Black families are headed by women without husbands, we need to broaden and redefine what we mean by family.(1)

3. By being a Black Lesbian it means the death of the race. However the race will not die out; Black Lesbians are Black women first. We bear children in exactly the same way other women bear children, and we are bearing them.

4. Black Lesbians are not normal. It's a white thing. However, women relating to women has been documented in all societies, including African tribes. And finally again in the words of Audre Lourde, "what is normal in this deranged society? Being Black among some people is not normal and we call that racism."(2)

5. It's not safe to be around Lesbians, as they might recruit you, get you. Loving women is not a communicable disease. You can't catch it. One of the worst accusations one can call another Black women is-"Girl have you heard? She's one of them—be careful." Most Lesbians only pursue women they feel safe with and know are Lesbians. But there are women, like men, who would pursue anyone. However if you know who you are, no one can sway you from your stance.

A womanizing woman is no different from a womanizing man. If someone comes on to you and you're not interested." one comes on to you is not interested - "No, I'm room with a woman However, someone who is a Lesbian and you start to different from being in a feel uncomfortable just because she's there. That's being homophobic and something you have to clear within yourself.

6. All they want is to flaunt their Lesbianism. Translated that means-talk about life, be visible, be affectionate, etc., etc. If I had $5.00 for every time I've heard that statement I would be a rich woman. Talking about who you love and your life together is normal. Making up lies to explain your existence is dysfunctional and leads to depression and low self-esteem, which we have enough of in the Black community. Black Lesbians have a right to take up space and be visible just like any other Black woman.

Solutions-So what can we do?

1. We all have to be willing to hear each other and get beyond stereotypes. We have to become allies to each other. We are not monolithic.

2. We have to interrupt vicious gossip and put downs of Black Lesbian women we know.

3. We have to stand up and support each other and say out loud, if straight, "No I'm not a Lesbian and I don't have to be one to support one."

4. We need to look at our own fears around sexuality and sexual issues in general.

5. And finally we can give thanks to the wonderful spirit and voices of the Black Lesbian women and Black gay brothers such ass James Baldwin, Langston Hughes, Lorraine Hansberry, Bessie Smith, Audre Lorde, and Barbara Smith.

(1) Lorde, Audre, I Am Your Sister: Black Women Organizing Across Sexualities, Kitchen Table Women of Color Press, NY, 1983
(2) Lorde, Audre, I Am Your Sister...

Pamela Freeman is the founder of the Philadelphia Black Women's Health Project and a Board Member of the National Black Women's Health Project. She lives in Philadelphia where she is a therapist specializing in family violence.

BY PAMELA FREEMAN

Maybe I Was Naive

When I first met Rita* I attributed her eccentric behavior to the fact that she was from a small town in Southern Missouri. I could tell that she was infatuated with me but I thought it was an admiration of my big city savvy. It's not that I'm so wonderful or lovable. I was just the first person on our college campus to befriend her and accept her as she was, quirks and all.

Rita had never touched me in an inappropriate manner. Nor had she done or said anything that I would consider stereotypical homosexual behavior. She didn't look muscular and "butch" so I had no idea that her feelings for me were more than platonic. I cried when she told me.

We were sitting in the lobby of our dormitory discussing our mutual dislike of another freshman girl in our minority engineering group. I had commented that I would like to deck her but that I hadn't been involved in a fight since grade school. Rita said she had been in a fight in high school when this guy and girl started dating each other. I asked her if that had been her guy and she said, "No, that was my girl, I'm a lesbian."

I thought Rita was teasing me (she had an off-the-wall sense of humor), but when she told me that she was in love with me I knew she was serious. Her facial expression seemed to be pleading for my understanding and acceptance but at 18 this was a mighty big pill to swallow. So I did what any immature overgrown crybaby would do; I cried.

When the initial fear and confusion wore off, I decided that Rita and I could still be friends as long as she understood that I loved and adored men and men only. Unfortunately, Rita became more overt with her expressions of affection (or I became more sensitive to them). She would wait for me outside of the showers in the morning. In movie theaters she would grab my hand during the scary scenes. Rita would cry when I left town and would rejoice when I came back. I felt like I was trying harder than she was to keep her lesbianism a secret.

The final blow came one day when she invited me to her room to listen to the Floaters new song "Float On". I came into her room and purposefully left the door open to discourage her from making a "pass". She got up and closed the door. I actually looked out of the window to calculate how many floors down I would have to jump. Rita sat on her bed staring at me while she stroked a teddy bear in an explicitly erotic manner. I was talking a mile a minute about absolutely nothing. Then Rita said, "I think you better leave." I was up and out of there before she could even finish the sentence. That was the last time I was ever alone with her.

By the end of the school year our friendship was in name only. I no longer felt comfortable around Rita and didn't feel like she respected my sexual preference. Maybe I was naive. Maybe we both were.

BY RENEE MILLER

DID I REACH AN ORGASM? NOT...

If you look up the phrase "really bad sex" in the Guiness Book of World Records, I am certain that a description of my first sexual encounter would be listed. My first sexual partner would be listed in the same book under "phenomenal jerks". It is not a pretty story.

I was a virgin when I entered college. My mother had advised me to abstain from sexual intercourse until I was 18 and old enough to make a mature decision. Boy was she wrong! In retrospect I wish she had advised me to wail until I was forty and menopausal.

My college experience got off to a rocky start. I was chronically depressed and spent every waking moment in tears. After I had stopped eating, studying, or doing anything that required a sane mind my boyfriend Richard* came to my room to "comfort" me. I was lying in the bed in the dark crying as usual when he stretched out on my bed beside me to offer a full five minutes of reassuring platitudes. I guess that was foreplay because after he encouraged me to be a good little trooper and persevere he asked me if we could "make love".

What a turn-on it must have been for him to hear me say between sobs, "I don't care". I am sure that a crying depressed and despondent sexual partner is every man's fantasy. So without further adieu, Richard climbed on top, parted my legs, and rammed it in.

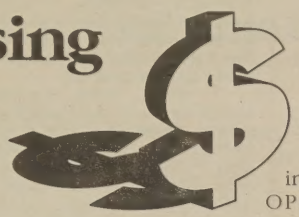
The pain a virgin with an unlubricated vagina experiences during her first sexual encounter is tantamount to the combined pains of a root canal, dermabrasion and a hangnail. Trust me, I know. Did I reach an orgasm you ask? To quote Mike Tyson, "that's ludicrous!"

*The name has been changed for this article.

Renee Miller is a Metallurgical Engineer with a master's degree in business administration. She is a native of St. Louis currently living in Indianapolis. She has never been married.

BY RENEE MILLER

Workplace Fundraising



Again this year the National Black Women's Health Project (NBWHP) is included in the Fall 1992 Combined Federal Campaign (CFC) as a member agency of N/USA, National/United Service Agencies. Our CFC code # is 0468. Remember that's the box you check to have your payroll pledge of whatever amount you choose donated to the NBWHP!

The workplace campaign method of fundraising is an efficient, specialized form of raising money through gaining access to the public (governmental) or private (corporate) workplace campigns similar to the United Way. The NBWHP has been a member of N/USA since 1989 and seen steady growth in its annual fund as a result. N/USA, established in 1980 is a federation of dozens of the nation's finest national charities: Amnesty International, Center for Science in the Public Interest, FARM AID, habitat for Humanity, MS Association of America, National Abortion Rights Action league, National Coalition for the Homeless, National Council of La Raza, National Council of Negro Women, Students Against Drunk driving,TransAfrica Forum, we're in good company.

N/USA provides its member agencies with the resources to meet the health and human service needs of individuals, our families and communities. It offers employees a choice of charities in workplace giving campaigns, choices which reflect the diversity of the workplace. It offers employers a broad selection of responsible and responsive non-profit organizations that satisfy their employees' requests for more variety in the campaigns.

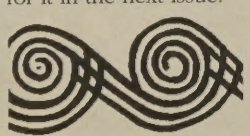
The principal differences between N/USA and the United Way are both structural and operational. N/USA respects your right as an employee and a donor to exercise freedom of choice to select from an array of agencies in the workplace giving. N/USA provides funds directly to the member agencies strictly according to your choice. Unlike United Way, N/USA does not control agency funding through an allocations process. The N/USA Board of Directors is elected by its member agencies and member agencies receive the funds designated by the donors. N/USA guides its member agencies through the rigorous CFC certification process, and helps us to receive approval by the Office of Personnel Management (OPM) in washington, D.C. OPM regulates all campaigns in the public sector and approves all applications.

N/USA also seeks access in the private sector of the major corporations. In 1991 N/USA obtained access into certain private sector campaigns and further access is anticipated through its independent efforts and through coordinated efforts with other non-United Way federations. Through membership in N/USA the NBWHP reaches millions of workers. Last year we received a little more than $70,000.00 in payroll pledges through workplace fundraising. You can help us to top the $100,000.00 mark for the NBWHP this year. Look for N/USA campaign literature in your workplace. Inquire about alternative giving if you work in the private sector. Call 1-800/458-9505 for information about the Fall 1992 campaign, or call us at 1-800/ASK-BWHP for futher information.

BY NAIMA MAJOR

Thanks From the Heart

Special "thanks from the heart" to the following new and renewing members who paid their annual dues in the months of February - May, 1992. We appreciate your support, especially renewing members who have contributed year after year. Thank you for keeping the faith and keeping us going! If we omitted your name from this "hearts" list, you may have sent your membership fee after the newsletter publication deadline. Look for it in the next issue.



MEMBERSHIPS: FEBRUARY - MAY, 1992

JANUARY, 1992

Hilary Feldstein
Mildred Pace
Audreye Johnson
Carolyn Woods
Ruth Marquis
Lawrence Women's
Transitional Care
Bay Cove
Rosalyn Lee
Karen Erdman
Boston Women's Health
Book Collective, Inc.
Beverly Canady
Annis Casey Foundation
Monica Brown
Mary Duncan
Judith King
Marissa McGill
Lynn Paltrow
Cynthia Pearson
Lila Redmond
Barbara Warren
Carolyn West
Delta Sigma Theta
Sorority
Benava Brooks-Jackson
Gwendolyn Felton

FEBRUARY, 1992

Aisha El-Amin
Eleanor Brown
Shamara Riley
Theresa Parris
Mary Craig
Lawarna Stevenson
Baenea Smith
Lillie Steadman
Karen Kendrick
Verna Jones
Deana Brown
Traci Cure
Amanda samuels
Adriane Jackson
Dee Anderson
Dakari Wikkeling
University of Michigan
Religious Coalition for
Abortion Rights
Settlement Health &
Medical Services

MARCH, 1992

Debra Armstrong
Winnie Bennett
Marla Oken
Rosalind Petchesky
PAtricia Evans
Robin Roth
Mary Gullatte
Jenifer Grady
Tamyka Johnson
Daniel O'Connell
Sheryl Ruzek
Yvonne Lewis
Sylvia DAvis
Ellen Myers
Demetra English
Kimberly Enard
Selina Espinozo

APRIL, 1992

Nancy Worcester
Emma Gold Clinic for
Women
Kimberly Hebert
Leesa Lockett
Tandy Iles
Sharon Thompson
Shauna Weatherby
DeAn Woodford
Susan Ross
Social Justice for Women
Gloria Gaston Nesmith
Planned Parenthood
of MO
Traci Gilbert
Vanessa Parker
Randy Page
Andrea Rabinowitz
Bernadette Parker
Cathy Royal
Connie Ingram
Marianne Whatley
Deborah Bennett
Juliette Love
Mylene Rucker
Patience Paradox
General Board of Church
Society
Karla McFarlane
Janice Phillips
Shari Ellis
Nancy Krieger
Loretta Ross
JDR & Associates
Melanie Tervalon
Terri Bailey
Barbara Williamson-Hunt
Bonita Phinney
D.E. Dale
Winnie Laban
Flora Tuhaka
Donna Perry
Mildred Taylor
Sholey Malawa
Belinda Townes
Carrie Wilkinson

MAY, 1992

Gigi Gregory
Ida Younge
Gloria Nesmith
Social Justice For Women
Kathleen Lang
Leesa Lockett
Darlene Cowan
Bonita Davis
Ava Warren
Cherenice Petersen
Constance Burnett
Deborah Wafer
Keysha Ross
Sr. Mary Ann McMahon
Carolyn Hildreth
Bisola Marignay
Jacqueline Stiff
Carol Thomas-Mackey
LorraineColeman-
Lumpkin
Bridget Harvey Elliott
Cynthia Coe
Kimberly Otis
Karen Williams
Morgan Jones
Kwame Somburu
Pauline Hicks
Betsy Strausberg
Joanne Banks-Wallace
Vanessa Jackson
Sonja Avery
Pat Gibson
Julia Scott
Diane Lewis Chaney

Memorial:
Ms. Rose Maybin Teare

From the Community

EMPOWERMENT *is the essence of* HEALING *is the essence of* WELLNESS

BY CHERYL BOYKINS

The Center for Black Women's Wellness (CBWW) recognizes that economic privilege, racism, gender discrimination, homophobia and other acts of oppression do exist and are barriers to active participation in taking control of our lives.

"We are the ones who must take charge and control of our own lives and support each other out of the depth of conditions that confront us in our daily lives" says," Cheryl Y. Boykins, Program Director.

CBWW, a program of the National Black Women's Health Project (NBWHP), focuses on the needs of women living in public housing. It is a community based self-help center that provides a "safe place" for women to come and share their dreams, disappointments, hurts and fears in a "self-help" group environment. "Self-help encourages health through empowerment in the midst of emotional struggles," says Delores Ellison, program participant.

CBWW is also a place where you can come to get a full Well Women's Screening and receive health information and personal skills that will influence positive practices for wellness and the development of your own health care plan.

The women participants received an integrated and coordinated effort that helpd them to address multiple issues in their lives.

• Health Seminars: Addressing various topics such as parenting, nutrition, financial management, substance abuse and treatment, etc.

• Education: Women receive assistance in preparation for theGeneral Equivalency Diploma test and basic education.

• Entrepreneurship is encouraged among participants with years of experience in areas, such as.: cake baking, child care,sewing, floral arrangements, etc.

Women are guided into health and health related careers and non-traditional job skills training, such as: medical assistance, welding, plumbing, electrician, etc.

Although CBWW offers a variety of services, the one most talked about is the "Empowerment Training." Women talk about this integral component of the Center as a catalyst for healing and community-based support. "Empowerment Training helped me to begin to love myself again," says, Teresa Wynn, program participant.

CBWW is a reality in Atlanta, Georgia, and is a model program that provides women with the self-help concept, education, information and access to resources to support them in improving the quality of life for themselves and their families. ♀

Reproductive Freedom

cont. from page 6

refuse to treat pregnant women, 67% refuse to treat pregnant women on Medicaid, and 87% have no services available to pregnant women addicted to crack who are Medicaid eligible. Fewer than half of those programs that accept pregnant women provide or arrange for prenatal care; only two programs make provisions available for clients' children, although lack of child care is a major obstacle to participation in drug treatment for many women. It is not true that these women are insensitive to their children's needs. Even when women can secure treatment, they may still be constrained by the nature of the addiction process itself, which typically involves loss of control over use of a drug and continued involvement even when there are serious consequences. The effect of these new laws will be to discourage women who are alcohol or drug dependent, and in need of medical care, away from seeking health care, thus harming the very children they are attempting to help. This effect will fall hardest on poor women and women of color.

Without denying or diminishing the seriousness or responsibility of these cases, we must recognize that women's prosecution and sentences are very likely influenced by race and class. A recent Florida study found that of women who gave birth, black poor women are almost 10 times more likely to be reported to the Child Abuse Registry and referred for prosecution than white women, even though a comparable percentage of women of both races have been documented as using illegal drugs. Child abuse prosecutions are similarly influenced by race.

Recently, there has also been a flurry of proposed legislation to tighten welfare rules. In 1991, nine states cut basic benefits below previous levels and several states attempted to tie benefits to approved social behavior. For example, New Jersey recently enacted a law that refuses money to support any additional children born to a mother already receiving welfare. Any such child will therefore have to share the food of the other children, share the clothing grant of other family members, and reduce even further the family's living standard. To determine that people living in poverty, particularly recipients of Aid to Families with Dependent Children (AFDC), are an "underclass" is to brand them unfit, unmotivated, unwilling, or unable to do their part to achieve the American dream. In reality, such a classification constitutes but a small segment of the poor. There is a false perception fueled by the Reagan-Bush Administrations that labels the majority of the poor as people of color who have large numbers of children; thus the disparaging of "welfare mothers" becomes coded language for racism. It is incumbent upon all of us to debunk these myths. In fact the majority of poor are white. The majority of women on welfare stay on less than two years and they tend to have the same amount of children as non poor women. The tendency of the last two administrations have been to scapegoat women and encourage a "blame the victim" attitude. This scapegoating must be stopped.

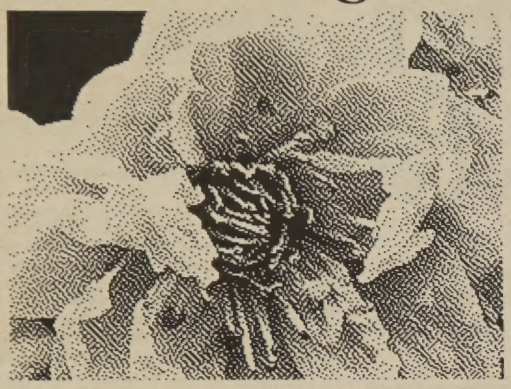
The experiences of poor women and women of color regarding reproductive health and rights is a perfect example of how this system works to control and disempower its female citizens. Historically, poor women and women of color have not been allowed control over their reproductive lives. Starting with slavery, African American women have had no-choice with respect to when, where or by whom we would bear our children. The eugenics movement, sterilization abuse (especially among Native American and Latina), the high rates of hysterectomies (especially among African American women), and punitive and coercive use of new contraceptive technology (such as, NORPLANT) and imperfect contraception combine to constantly prevent poor women and disproportionately women of color from exercising their reproductive rights. Currently, the government will provide funds for poor women to either have babies or be sterilized, but not to have abortions.

When African American and Latina women resort to abortions and sterilizations in such large numbers, the stories they tell are not so much about

Cont. page 16

MENOPAUSE:

Not An Ending, But A Beginning



As I reflect on being menopausal, I look back and forward constantly. I know menopause has a beginning, middle and end - an approximate five-year period. Looking back I remember I was expected to look appealing and attractive but not whorish or desperate. After marriage, I had to prove my ability to reproduce not only to others but to myself as well. I was expected to be nurturing, to forget myself, go to work and work in my home— forever pleasant, a strong heart, shoulders and back. It meant putting forth all the time, forgetting me. I spent the time, then mainly on others.

I am not the woman today, I will be tomorrow. My self-esteem finds it difficult to understand and tolerate the changes. Society doesn't appreciate the older woman, I am no longer seen as desirable - appealing.

Dealing with change is often frightening as I watch my body change, the drooping, the bulges, its hard to talk about it. I remember yesterday, my early change, waiting to menstruate, grow breasts and pubic hair. I've been through some very significant changes that have affected me socially, physically and emotionally, so menopause is no different from monarch— the first period and the last period, as they both have a beginning, middle and end. So menopause is a new experience. With my first period everybody was excited, with my last, I told no one. Aging is not acceptable for women, we devalue ourselves, so some of us respond weirdly to getting older.

Some women become wiser, stronger, more experienced, more nurturing. We women regardless of what happens to us, tend to outlive men. Our lives have been filled with stress, so we need at this stage to take care of ourselves and we have the time, at last to do just that.

When my periods decreased and finally stopped, I was very happy as I was free from the monthly backaches, and discomforts of tender nipples and premenstrual tension. I hadn't feared becoming pregnant for years as I was sterilized in 1970 when I was 30, following five pregnancies. Yet, in 1976 I had an ectopic pregnancy that was almost fatal.

Hot flashes were my first symptoms of menopause and in the beginning they were mild and manageable. But, in 1990, the sweating and hot flashes became unbearable (living in the Caribbean sun doesn't help). Our office is not air conditioned and we have fans, which help somewhat. I have fans at home, too. I started to become irritable with myself; nervous and weepy; very emotional; easily hurt and sensitive; and lacking the inner strength I had come to rely and depend on. I was getting very forgetful and becoming anxious about it. I lacked my joy and energy. I was normally a hyper person into walking, going to the beach, and participating in other extra-curricular activities, evenings and weekends. I had looked forward to becoming 50, but I was becoming fed up.

After discussing my problems with friends, I went on a high vegetable/fruit/vitamin diet for three months. There were no changes. I agreed to try the replacement hormone therapy with hesitation. I was adamant I would never take hormones again since I had taken DES in 1962 to save my pregnancy, which attributed to my daughter's death from cancer in 1975.

In 1991, I finally went in desperation to my family doctor—a woman who knows me and my medical history. She was aware of my menopausal symptoms. I have yearly checks-ups, pap smears, etc. and had my first mammogram in 1989. She put me on the mildest dosage of estrogen by placing patches on my rump, two times a week. and I began an oral regime similar to the "pill". I felt better almost immediately. I accepted the five-day "period". Soon after, I noticed the patches and the patch area "weeping" but I persisted as I felt the heat and the adhesive on the patch were to blame. When I applied the next set of patches, my rump area was unbearably itchy, red and weepy. My facial complexion then broke out with large dark blemishes on my forehead, cheeks, nose and top lip. As more friends and colleagues commented on them, I went to my doctor and decided to stop the patches and medication. I had to use a facial fade cream and since then my complexion has improved leaving some brown marks. The patch area had to be treated by a very mild hormonal cream and finally healed in two weeks. All this happened in March-May, 1991.

The cost of my hormonal therapy was approximately US$60 per month -which was very expensive to me. Since my hormone regime, I have spoken to several women who have had similar adverse experiences and a few who have tolerated the hormones "by mouth". Many have taken and are "on and off" anti depressants. I have not suffered from depression, sleeplessness or excessive weight gain. Most of these woman are from the middle and upper class brackets, but nevertheless - working women.

I am now trying to cope with each symptom and dealing with it individually. I plan my extra curricular activities better and have dropped any unnecessary high-pressured activities. I have increased my leisure time activities: reading, gardening, walking, going to the beach, visiting friends, meditation and prayer. I have found talking to and counselling myself, analyzing my worries, anxieties and concerns has helped tremendously. I carefully plan my work schedule, making notes and diary entire to counteract forgetfulness and reduce my anxiety in trying to remember everything. I am coping so far.

As things start changing, we have to change too, we can't give up. My hair has been greying for years. In the beginning, I dyed my hair to match its original color, blue-black. However, over the years I have changed the color and toned it down. I don't hide the fact my hair is dyed, as I dislike my grey hair. Menopause is not a disease, its the most normal thing that's going to happen to all women. We just have to prepare ourselves for it and don't stop living.

Needless to say in conclusion I don't want to speed up my life but I want this "happy time" to be over fast, as I live my life to the fullest and want to enjoy it.

Elaine Hewitt is a Program Officer for Women and Development Unit (WAND) School of Continuing Studies, at the University of the West Indies, Pinelands, St. Michael, Barbados

Race, Gender and the Planet Earth cont. from page 7

disproportionate victimization by environmental degradation and a host of other forms of social, economic and political violence. We have no choice but to come together to overcome our common barriers and resist our common foes. Only in the diversity of our oppression are we able to clearly see the pervasive pattern of genocidal environmental racism. We gathered to speak for ourselves and to define the issues in our own way.

World Women' Congress for a Healthy Planet

Women's Action Agenda 21 **November 8 - 12, 1992, Miami Fla.**

We, women of many nations, cultures and creeds, of different colors and classes, have come together to voice our concern for the health of our living planet and all its interdependent life forms. We have listened to each other speak of the ills of our societies, our families and children, our sacred Nature. We have been inspired by the courage and commitment of our sisters throughout the world who protect and repair our natural heritage.

As caring women, we speak on behalf of those who could not be with us, the millions of women who experience daily the violence of environmental degradation, poverty, and exploitation of their work and bodies. As long as Nature and women are abused by a so-called "free market" ideology and wrong concepts of "economic growth," there can be no environmental security. Rainforest dwellers, island peoples, and inhabitants of fragile arid zones are threatened with displacement and dispossession due to human disruption and pollution of vulnerable ecosystems. In a world that condones such practices, there lies little hope for long-term survival or peace among peoples.

We come together to pledge our commitment to the empowerment of women, the central and powerful force in the search for equity between and among the peoples of the Earth and for a balance between them and the life-support systems that sustain us all.

Cont. on page15

What is menopause and when does it occur?

The word menopause is defined as the end of menstruation; the end of a woman's childbearing years. Menopause has occurred when 12 consecutive months have passed without a menstrual period. It occurs in most women between the ages of 47 and 52. However, every woman is unique and the signs of menopause may be noticed as early as age 35 or as late as 55.

• Is menopause part of the "change of life?"

Yes. Menopause is only one biological event in what is often referred to as the "change of life" or menopausal years. The climacteric is the medical term for this period when the production of estrogen and progesterone hormones by a woman's ovaries is greatly reduced. The length of the menopausal years varies from woman to woman. The symptoms may last up to six years in some women or as long as 10 to 15 years in others. Occasionally menopause may occur abruptly without any symptoms accompanying the final period.

• How will I know I'm approaching the menopausal years?

Prior to your final period you may experience one or more signs that menopause is near. Irregularity of periods is one common sign. Your periods may gradually become lighter and shorter, you may skip periods or a moderate flow one month may be followed by one which is relatively light. To protect yourself during this time of bodily fluctuations, feminine protection products designed for lighter flows can be quite comforting.

• What symptoms might I experience following the menopause?

The majority of women (80-85%) will not experience any symptoms or only mild symptoms that do not interfere with their daily routines. The hot flash or flush is one symptom you may experience prior to your final period and for up to several years beyond it. Attributed to declining estrogen levels, the hot flash is perhaps one of the most noticeable symptoms associated with the menopausal years. Lasting from a few seconds to one minute, hot flash is a sudden feeling of heat in the face, neck and chest, accompanied by flushing of the skin. Perspiration may be followed by chills.

In addition to hot flashes you may experience atrophy or dryness of your vaginal walls, insomnia (sometimes cause by hot flashes occurring during the night), thinning hair and urinary incontinence. Other physical conditions associated with the menopausal years and the aging process are: brittleness of the bones making some postmenopausal women more prone to fractures of the hips, wrists and spine; loss of bone density leading to diminished height; breast losing fullness, and skin becoming drier. An increased risk of heart attack due to reduced estrogen production also accompanies the menopausal years. Prior to menopause the estrogen present in your body plays an important role in cholesterol metabolism and prevention of the blocking and hardening of the arteries.

• Other Symptoms

Night sweats, palpitations, dizziness, headaches, swollen ankles, weight gain, insomnia, depression, anxiety, nervousness, oversensitivity, forgetfulness, irritability, tearfulness and lethargy.

• Is there any way to control these symptoms?

Estrogen replacement therapy (ERT) has been prescribed by some doctors. In recent years, however, some evidence has shown a link between the taking of estrogen and the occurrence of cancer of the endometrium (uterine lining. Progesterone replacement therapy can also be prescribed in conjunction with ERT, although its use is less tested over time than that of estrogen. Current research indicates that a combination of estrogen and progesterone appears to be safer than estrogen alone. If you experience symptoms severe enough to consider treatment, ask your doctor about the benefits and risks of ERT. Each case must be evaluated on an individual basis.

Will my emotions be affected?

As you pass through the menopausal years keep yourself active, health and in a positive frame of mind. Changes in your lifestyle at this stage or your live may affect your emotional frame of mind. For example, if your children leave home to go out on their own, it would not be uncommon for you to feel a sense of loss. However, if you look at this time as one of newfound freedom where you can branch out to try new experiences - a new job or career, going back to school, a new hobby - it can be most rewarding a time of growth for both you and your spouse.

Will I be able to continue sexual relations during and following the menopausal years?

Your ability to participate in and enjoy a full sex life should continue throughout the menopausal years. In fact, sexual desire and satisfaction may even increase with the freedom you'll experience one the risk of pregnancy has been removed. One problem you may encounter, however, is atrophy and drying of the vaginal walls. If you experience discomfort during intercourse due to this condition, you may wish to discuss it with your doctor. It is important to remember also that birth control should remain a consideration until on full year has passed since your last menstrual period.

Race, Gender and the Planet Earth

cont. from page 14

Women are a powerful force for change. In the past two decades, thousands of new women's groups have been organized in ever region of the world, ranging from community-based groups to international networks. Everywhere, women are catalysts and initiators of environmental activism. Yet policy-makers continue to ignore the centrality of women's roles and needs as they make Fate of the Earth decisions.

Womens' Rights, Population Policies and Health

Knowing that the major causes of environmental degradation are industrial and military pollutants, toxic wastes, and economic systems that exploit and misuse nature and people, we are outraged by suggestions that women's fertility rates (euphemistically called population pressures) are to blame. Recognizing that this analysis, if unchallenged, lays the ground-work for the re-emergence of top-down, demographical-driven population policies and programs that are deeply disrespectful of the basic human rights of women as guaranteed in the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

Knowing that it is the number of people plus their consumption of resources plus their wastes that determine their environmental impact, we note that a person in the industrialized world has a far greater negative impact on the environment than a person living in a poor country. Aware that the right to reproductive health and choice is a basic human right of all individuals, we point out that the World Fertility Survey estimates that there are 500 million couples who wish to plan their family size but have no access to the means to do so.

Fearful of the threat to women's lives by the HIV pandemic and recognizing that women's ability to protect themselves from AIDS and other sexually transmitted diseases and to determine when-and-if to have children is a prerequisite for women's health, self-determination, and empowerment. We condemn any attempt to deprive women of reproductive freedom or the knowledge to exercise that freedom.

We demand women-centered, women-managed comprehensive reproductive health care and family planning, including the right to prenatal care, safe and legal voluntary contraceptives and abortion, sex education, and information.

We urge governments, multilateral and donor agencies to increase investments in comprehensive reproductive health services and to include men as beneficiaries of family planning education and services. Family support services should include child care and parental leave. We call on policy-makers to recognize that raising the economic, health, education, and social status of women are essential to ending environmental degradation.

We call for recognition of the existence of a global, environmentally induced cancer epidemic and demand removal from the environment of carcinogenic substances, which have particularly adverse effects on women and children. Particular attention in medical research and treatment should be paid to women's cancers: breast, ovarian, cervical, uterine, and vaginal. Research and remedial action should also focus on the effects on health of toxic chemicals, nuclear wastes, radiation, pesticides and fertilizers.

We demand that all governments systematically alert their citizens to the danger of AIDS and provide them with the information on how to avoid contamination. We ask the World Health Organization, International Labor Organization, the Food and Agriculture Organization, national governments, public health groups, corporations and unions to increase efforts to eliminate environmental occupational hazards in factories, offices, and on the land.

THE COMMITTEE ON WOMEN, POPULATION & THE ENVIRONMENT

(For almost 18 months prior to Rio, NBWHP participated in the dialogue among women of diverse racial, ethnic and professional identities, concerned with the ominous link made between controlling certain women's reproduction and saving the planet. The following are excerpts of press release of May 15, 1992 preceded the statement which went to Rio denouncing the analysis that singled out population size and growth as a primary cause of global environmental degradation).

"Population control terminology is as outmoded as the dinosaur and unacceptable to those who believe in democratic procedures," says Bella Abzug, senior policy Earth Summit advisor to Strong's team at U.N. Conference headquarters....

In a letter in the Washington Post (Betsy) Hartmann, (author of Reproductive Rights and Wrongs) from the USA, points out that the international women's health and reproductive rights movements have been concerned about women's access to safe birth control, abortion and reproductive health for almost twenty years. But blaming environmental degradation on Third World population growth is simply "bad science," says Hartmann. Many U.S. environment groups have already endorsed the view that population growth, mainly in developing countries, is "the" major or "a" major cause of environmental degradation. The world's poor countries in the South disagree vehemently, as do many serious scholars in the North, who see the U.S., along with other highly industrialized countries, as one of the world's worst polluters. Fatima Mello, a Brazilian organizer of Women's Events at the Rio talks, also a member of the Committee, explains that Brazil's population growth rate is slowing, and has been going down simultaneously with some of the world's biggest increases in environmental destruction there. Several other countries illustrate the same point.

Gabriela Canepa, a women's development expert from Peru, and Sundari Ravindran, currently with the prestigious Center for Development in Kerala, India, agree. "Population control programs often violate

Cont. on page17

Reproductive Freedom

cont. from page 13

When African American and Latina women resort to abortions and sterilizations in such large numbers, the stories they tell are not so much about the desire to be free of their pregnancy, but rather about the miserable social conditions which dissuade them from bringing new lives into the world. The assumption is that legal abortions provide a viable alternative to the myriad problems posed by poverty. As if having fewer children could create more jobs, higher wages, better schools, etc. This assumption reflects the tendency to blur the distinction between the right to abortion and the general advocacy of abortions. The campaign often fails to provide a voice for women who want the right to legal abortions while deploring the social conditions that prohibit them from bearing children. Unless and until women have *the basic right to determine* whether or not and under what circumstances they will bear children they will not be able to take advantage of educational, employment, or other opportunities that will allow them to improve the quality of life for them and their children.

The NBWHP, firmly believes that unless and until we as a country face up to the racism, sexism, and classism that is practiced in this country (that dehumanizes us all, both the oppressed and the oppressor) we will not see an improvement in these conditions or statistics.

The first thing that must be done is to acknowledge racism, even though and especially when we struggled to rise above it. It is hard to acknowledge that racism circumscribes and pervades our lives. Racism must be dealt with on two levels, personal and societal, emotional and institutional. Then, we must confront racist remarks when we see and hear them in our families, neighborhoods, religious and educational institutions, civic and social circles, and work places. No law or government decree can work without our individual voices and attention.

Second, what is urgently required is a broad campaign to defend the reproductive rights of all women—especially those women whose economic circumstances often compel them to relinquish the right to reproduction itself. Very few of the people in the decision-making sector have had meaningful contact with poor women, women of color, or women's groups that address the political issues related to women and health care. What results from this lack of meaningful inclusion is that poor women, women of color and their children are the ***most unhealthy people in the United States*** and the program and services that are designed to serve them fall short of their goals.

If women are to benefit from actions to improve their health, we must first benefit from women's voices. Powerlessness is not voicelessness, and humility is not indifference. Whether engaged in policy advocacy, programs, or research, we can best support improvement in the health of individual women by working with groups of women—to heightened awareness, to identify and prioritize problems, to provide access to resources, to support women's decision-making, to plan interventions, and to implement and evaluate programs. While more research needs to be done in this area, evidence already exists that health programs born out of dialogue with and among women in the community are indeed stronger and longer-lasting. Our challenge for the future is to move the priorities of policy-makers and heath professionals closer to the concerns of the women affected so that actions taken can improve the quality of lives for women and their children.

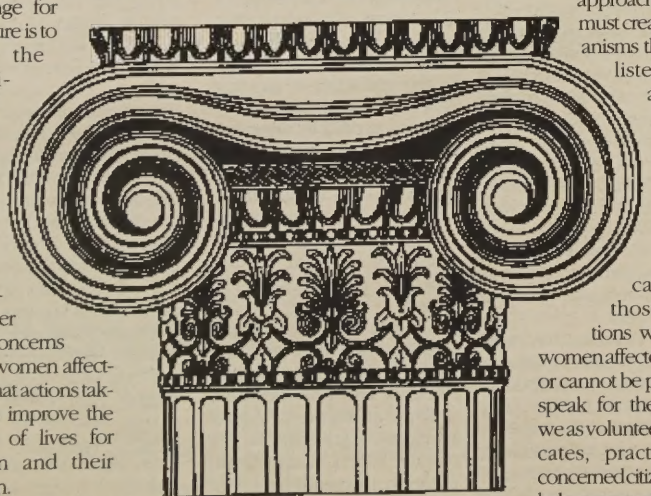
The National Black Women's Health Project self-help group development is predicated on the realization that an increased health consciousness and personal commitment of wellness for Black women requires an environment of understanding and support. Through sharing collective experiences and a validation of our individual efforts in the unique struggles to overcome racism, sexism and classism, our members learn that our physical health, emotional, and spiritual health are all linked and that the empowerment of individuals can transform a distressed community.

Self-help groups provide a supportive environment for women to build self-esteem and develop coping and problem-solving skills, the basis for a commitment to wellness. Groups raise awareness about controllable factors associated with major health problems, and offer basic information on family life and educational skills within a framework of empowerment. Self-help groups create a bridge to community resources, new pathways for referrals that have the potential to significantly improve a member's quality of life and, by extension, her family and community.

Our self-help groups provide a time and place for Black women to come together to talk openly and honestly, to be validated for their historic ability to survive despite assaults to self-esteem and self-worth, and to collectively develop solutions to our poor health status. By breaking the conspiracy of silence that threatens individual health, our self-help groups enable each participant to analyze her life and understand her decision-making within a social context. The empowerment process encourages personal responsibility and a commitment to changing one's life and community for the better.

Other specific actions include:

- At grassroots level, we must strengthen and support our self-help groups and networks, so that African American women can make their voices better heard and participate equally with others in decision-making in their families, communities, and governments.
- At the program level, we must ground women and children's health programs in collaborative, ongoing relationships with the women they seek to serve. As part of this, we must encourage the widespread use of comprehensive, culturally/ethnically appropriate, and participatory community-wide approaches to gain a better understanding of poor women's perspectives, needs and solutions.
- At the university level, we must encourage training in these qualitative and participatory techniques in medicine, nursing, public health, nutrition, research, and related disciplines.
- At the policy-making level, we must demand that health care and education programs are flexible enough so that they can respond to the priorities women voice—not just to implement blueprint approaches. We must create mechanisms that make listening to and talking with women possible at all levels of health care. In those situations where the women affected are not or cannot be present to speak for themselves, we as volunteers, advocates, practitioners, concerned citizens must help communicate poor women's voices to policy-makers and program managers.



Proposed Action

We can not emphasize enough the importance of state based legislation battles involving punitive practices against poor women. Increasingly state legislatures are becoming the forums in which coercive use and "incentive" policies are being discussed. Bills in the Kansas and Louisiana legislature that would have paid women on welfare to have NORPLANT implanted, fortunately died in committee. However a similar bill is currently in the Tennessee legislature. Bills that involve forcing women who are pregnant and drug users to have NORPLANT are currently pending in Ohio and South Carolina among other states. New Jersey and Wisconsin, recently passed laws to not increase the AFDC grants for any women who has more children while on welfare and many more states are following suit.

We must monitor these activities and work to defeat proposals that would, on the one hand, punish women or force women to use one kind of birth control. On the other hand, fail to provide support services to prevent or treat their addiction or provide training programs, child-care, and health insurance to facilitate the transition to self-sufficiency. We must take the lead to guarantee that very careful consideration and examination is conducted of any pending legislation that might establish so called "incentive" plans for low income women or might impose NORPLANT implants as a term of a woman's sentence or parole.

We also encourage our members to establish local watchdog and clearinghouse projects to identify and document NORPLANT abuses.

We have prepared fact sheets and developed some talking points regarding the ways in which these punitive laws and policies do not help women get treatment and actually deters drug addicted women from seeking both prenatal care and treatment.

The Public Education and Policy Office will provide technical assistance and educational materials to assist local members in these activities. Please call us at (202) 835-0117 or write us at 1615 M Street NW, Suite 230, Washington, DC 20036.

Annoucements

July 11

Florida Statewide Organizing Conference Self-Help Group Development Gainsville, Florida Contact: Lynda Johnson 904-373-2510

July 14

NBWHP will facilitate an international gathering of women activists concerned about creating an alternative agenda for Black Women's Health globally at The first International Conference: Women in Africa and the African Diaspora: Bridges Across Activism and the Academy which will take placeat the University of Nigeria, Nsukka, July 13 - 18, 1992. For more information call SisteReach 1-800-ASK-BWHP.

August 13

NBWHP will facilitate an international forum on Black Women's Health at the Caribbean/African American Dialogue (CAAD) hermispheric dialogue and celebration August 12-15, 1992, in Nassau, Bahamas. People of African descent will convene under the theme Survivors of the Middle Passage: Affirmation and Change. In April NBWHP hosted the reception of CAAD's North American dialogue in Atlanta. For more information call SisteReach 1-800-ASK-BWHP.

Sept 17-20

Launching of NBWHP Walking for Wellness Program Walt Disney World Resort Lake Buena Vista, Florida

ACTION ALERT: Supreme Court Decision Nears

Many of the national reproductive rights organizations will be staging national and local activities for the "day of decision" in the restrictive Pennsylvania abortion law case. These activities are focused on bringing to the attention of American voters the need to stop, once and for all, these damaging restrictions on the right of all women to have an abortion.

These activities include:

- Wearing of an arm band or lapel ribbon to demonstrate the demise of Roe and support for Freedom of choice.
- Small scale activities at the Supreme Court, Capitol Hill, Bush Campaign Headquarters and the White House.
- Larger rally on one of days following the decision.
- Rallies and events in cities around country on the "day of"and day after decision focusing on the Freedom of Choice Act (FOCA)
- Message to all membership to flood Capitol Hill with callsdemanding action on the Freedom of Choice Act.
- Walkouts, disruptions of work and business, etc. (**Refuse & Resist** - 212/732-5237)

WE ENCOURAGE ALL NBWHP MEMBERS TO EITHER JOIN IN THESE ACTIVITIES OR PLAN YOUR OWN LOCAL ACTIVITY.

Contact the national or local offices of NARAL, Planned Parenthood, N.O.W., Religious Coalition for Abortion Rights, American Association of University Women, or your state wide reproductive rights coalitions for information on how individual or self help group members can participate in these activities.

Race Gender and the Planet Earth

cont. from page 14

women's human rights," Canepa says, "But the main point is that they are not efficient. In Peru we see that, unless women and the community are involved in designing comprehensive reproductive health services, they become alienated and will not use them consistently."

Ravindran, who has also founded one of South India's most successful rural women's organizations, points out, "Even in very poor areas, where water and firewood are being depleted by crowded conditions, the `cause' is not population growth, but rather badly designed rural development and agricultural policies, which favor large landowners and foreign investments, rather than sustainable development for villagers." Ravindran, a consultant for the World Health Organization and UNICEF, feels strongly that maternal health has often been ignored and even damaged by government policies favoring aggressive family planning investments over comprehensive reproductive health and family health services for the whole community. The World Health Assembly is addressing women's health issues for the first time in history in Geneva this month.

On the other side are anti-abortion and anti-birth control groups, which have welded themselves into a powerful worldwide force to oppose women's reproductive self-determination, often with the help of the U.S. government. Reproductive rights and population control have been core issues in the U.S. women's movement since the scandals around sterilization abuse in the U.S. first erupted in the early seventies. Native American, Latinas and African-American women all have well-documented stories to tell about how they were deceived and coerced into accepting permanent sterilizations without their full understanding, as part of federally funded programs. In Puerto Rico, close to one-third of women of childbearing age have been sterilized.

Puerto-Rican born Dr. Helen Rodriguez-Trias, currently President-Elect of the American Public Health Association, comments: "Birth control is not the same as Population Control. Women know the difference but many policymakers do not understand, even now." While some sterilization abuse in the U.S. still goes on, mainly among women of color, the crisis has shifted to Norplant@, a long-acting hormonal implant recently introduced into the U.S.

The National Black Women's Health Project is one of a very few groups speaking out on behalf of poor women and women of color, many of whom have already been targeted for punitive or coercive uses of Norplant@. Julia Scott, Director of The Project's Public Policy office is pleased that birth control options for women are expanding with the introduction of Norplant@, but is alarmed by its potential for coercion. She decries general public indifference to this crisis, and to the fact that "incentives" for the use of contraception in other countries are illegal under U.S. law, yet now are being proposed routinely for Norplant@ in state legislatures all across the U.S.

Dianne Forte, another Committee member, is Director of SisteReach, the National Black Women's Health Project's international outreach program. Recently returned from extensive work in Nigeria, Forte also knows how much women desire to control their fertility. However, it is the status of women and economic conditions that make this impossible for most women there, even if the means are available. "A man wants a wife who will produce many children for him, and he can always choose to take another wife if she does not," Forte notes. "For Nigerian women, especially in the current economic crisis in that country, the alternatives are not as easy."

The statement going to Rio from The Committee on Women, Population and The Environment has been signed by many prominent feminists and puts the emphasis on improving conditions for women as the best way of improving any society, and the world as a whole, rather than blaming women or their fertility for the earth's growing crisis. (For complete release and statement contact D. Forte, NBWHP).

CONFERENCE AGENDA

NATIONAL BLACK WOMEN'S HEALTH PROJECT
SIXTH ANNUAL MEETINGAND WELLNESS CONFERENCE

HEALING
THE ESSENCE OF HEALTH

UNIVERSITY OF CALIFORNIA AT LOS ANGELES • SUNSET VILLAGE CONFERENCE CENTER
THURS. JUNE 25 THROUGH SUN JUNE 28, 1992

Thursday, June 25, 1992

••••2:00 p.m. - 5:00 p.m.••••

Registration

••••5:00 p.m. - 6:00 p.m.••••

Dinner (informal)

••••5:00 p.m. - 7:00 p.m.••••

NBWHP Business Meeting
Study Lounge
All members welcome

••••7:30 p.m. - midnight••••

Celebrating Ourselves

Special Screening:
Daughters of the Dust
a film by Julie Dash
followed by song, dance, poetry by us
In the spirit of the evening, please wear white attire
(African or antique) with sandals, outrageous bonnets or parasols

Friday, June 26, 1992

••••7:00 a.m. - 8:00 a.m.••••

Breakfast
Griffin Commons

••••9:00 a.m. - 11:30 a.m.••••

Opening Plenary Session
Royce Hall

Welcoming Remarks

Issues Panel:
"Black Women's Health: The Impact of Violence/ The Challenges of Healing"

Jean A. King, PhD
Chair Elect, NBWHP Board of Driectors
Moderator
Panelists:

Angela Y. Davis, Professor
University of California at Santa Cruz

Kimberle Williams Crenshaw
Professor, Columbia University School of Law

Sandra Maas Robinson, M.D.
President, Rebecca Lee Medical Society, Atlanta, Georgia

intermission

Keynote Address:
Anita Hill
Professor
University of Oklahoma School of Law
"Sharing is Healing: Lessons Learned from Speaking Truth to Power"

A Call to Action:

Byllye Y. Avery
Founding President, National Black Women's Health Project. Visiting Scholar: Harvard University School of Public Health
"Sisterhood is Healing: Strong Black Women Lead"

Audience Participation:
Questions/responses for speakers

••••12:15 p.m. - 2:15 p.m.••••

Awards Luncheon

Honoring Women Who Dared:

Carolyn Reid-Green
Charles R. Drew University
Child Development Project

Lillian Mobley
Chair, Health Task Force
Black Women's Forum

Alice Walker
Author/Poet

Anita Hill
Professor of Law

Denise Rouse
founder of NBWHP and the District of Columbia Women's Council on AIDS

••••2:45 p.m. - 4:15 p.m.••••

Workshops
Workshops will be repeated three times; participants
are encouraged to select a first, second and third
choice in each track.

CONFERENCE AGENDA

••••4:30 p.m. - 7:00 p.m.••••

Free Time

Dinner

Self-Help Group Meetings
A roster of self-help group meeting locations will be posted each day

••••7:00 p.m. - 8:00 p.m.••••

VIP Reception at Royce Hall

••••8:00 p.m. - 11:00 p.m.••••

Benefit Concert

SONGS FOR OUR SISTERS:
In Concert:
Joyce and Jacque
A benefit performance in support of NBWHP and affiliated AIDS Education and Prevention Programs

Sister to Sister Project
New York City, NY
Women's Council on AIDS
Washington, D.C.
Sisterlove
Atlanta, Georgia
To Be Announced
Los Angeles, CA

Saturday, June 27, 1992

••••7:00 a.m. - 8:00 a.m.••••
Breakfast
Griffin Commons

••••9:00 a.m. - 10:00 a.m.••••
Plenary Session
Great Horizons Room

"Everywoman's Health: Our Common Agenda"

Julia R. Scott
Moderator
Director, NBWHP Public Policy Office

Panelists from:

Boston Women's Health Collective
Asian Women's Health Organization
Native American Women's Health Organization
National Latina Health Organization

••••10:30 - 12:00 Noon••••

Workshops
Workshops will be repeated

••••12:30 p.m. - 2:30 p.m.••••

Policy Luncheon

Political Action is Healing: What Black Women Must Do

Salima Siler Marriott
Moderator
Member, Maryland House of Delegates
NBWHP Board of Directors

Panelists:
Elected Black Women from California

Keynote Address:

Honorable Maxine Waters
U.S. Congresswoman

••••3:00 p.m. - 4:30 p.m.••••
Workshops repeated

••••4:30 p.m. - 6:30 p.m.••••

Free time

••••7:00 p.m.••••

African American Museum
Community Outing
Dinner/Entertainment, Jazz, reggae or comedy
Buses leave for Crenshaw Mall

Sunday, June 28, 1992

••••8:00 a.m. - 9:00 a.m.••••
Breakfast
Griffin Commons

••••9:30 a.m. - 10:30 a.m.••••
Plenary Session
at Drake Stadium

Walk for Black Women's Wellness:
NBWHP Health Promotion Campaign

Byllye Y. Avery
Moderator

Wilma Rudolph
National Spokeswoman

Warm up exercises and walking techniques will be demonstrated and practiced. Dress accordingly

••••11:00 a.m. - 12 noon••••

Plenary Session
Sunset Canyon Ampitheatre

Healing the Spirit: A Gathering of Women
Traditional Yoruban Ceremony:
Mediation Drumming and Dance

••••12:30 - 2:30 p.m.••••
Business Meeting
NBWHP Election of Officers
Affirmation of Position Statements

••••3:00 p.m. - 5:00 p.m.••••

Afternoon Lunch

Through Us the Healing Passes On
Moderator
Cynthia Newbille
Executive Director, NBWHP

Keynote Address:
Susan Taylor
Editor-in-Chief, Essence Magazine

Praisesongs: By Our Deeds Are We Whole

A Tribute to Our Staff and Volunteers

Moderators:
Pauline Hicks
Chair, Personnel Committee, NBWHP

Julia Morgan
Chair, Finance Committee, NBWHP

Become A Member

We are reaching out to every segment of the community: men and women, educators and health care providers, activists and policy makers.

Join Today!

Your membership fee, supports an independent financial base which enables us to implement our national wellness agenda. Mail your application for membership today and receive:

- Membership in a national network of health advocates!
- Subscription to Vital Signs, the NBWHP newsletter.
- Discounted fees to workshops and conferences.
- Membership card and Logo pin!

Select your membership category below!

◯ Self-Helpers- Core members who participate in a local self-help group.
◯ Associates - Individuals who support the NBWHP
◯ Supporters - Organizations, Agencies & Community groups
◯ Donors - Pledges of $100 or more annually

Yes! I share your vision, I want to help the NBWHP grow. Here's my membership:

Individual
[ ] General $50.00
[ ] Sponsor $75.00
[ ] Silver $100.00

Organization
[ ] Non Profit $150.00
[ ] Corporation $250.00

[ ] Low Income $25.00
[ ] Senior Citizens $25.00
[ ] Students $15.00

[ ] New
[ ] Renewing
Effective October 1, 1991

Name _____

Address _____

City _____

State/Zip _____

Telephone _____

Organization _____

Thank you for your support. Please mail this card with your check or money order to:
National Black Women's Health Project
1237 Ralph David Abernathy . Blvd., SW
Atlanta, Georgia 30310
or call 404/758-9590 or 1/800/ASK-BWHP

Non-Profit Org.
U.S. Postage PAID
Permit No. 2857

National Black Women's Health Project
1237 Ralph David Abernathy Blvd. S.W.
Atlanta, Georgia 30310

Address Correction Requested